

THE COLLEGE OF  
**WOOSTER**

**PARENTAL CONSENT AND AUTHORIZATION FOR MEDICAL TREATMENT**

I (We) \_\_\_\_\_ and \_\_\_\_\_

the parent(s) and natural guardian(s) of \_\_\_\_\_.

In the event we cannot be reached to obtain permission, hereby authorize The College of Wooster and/or its authorized employee representative, the employer of said minor child, to act for us in an emergency or other circumstance requiring any medical treatment or attention on behalf of our said minor child without any further permission from the undersigned.

This consent and authorization shall include, but not be limited to, obtaining necessary hospital, medical, surgical, dental, optical, pharmaceutical, and any related care for said minor child and to sign any authorization therefore including admissions and/or discharges from any hospital or other care facility.

We further authorize The College of Wooster and/or its authorized employee representative to execute any and all other documents regarding the medical treatment of said minor child.

A photocopy of this consent shall be considered as effective and valid as the original.

Signed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ Parent/Guardian

\_\_\_\_\_ Parent/Guardian