# Sam Houston State University

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT- MINOR

**I. MEDICAL INFORMATION** (please type or print legibly)

a. Name of Minor ______________________________________________
(Last, first, middle)

b. Name of Parent/Guardian ______________________________________________
(Last, first, middle)

Address ______________________________________________
(Street or P.O. Box, city, state, zip code)

Telephone Number: Day: ________________ Night: ________________

c. Minor's Physician ______________________________________________

Address ______________________________________________
(Street or P.O. Box, city, state, zip code)

Telephone Number: Office: ______________ Emergency: ______________

d. Minor's Dentist ______________________________________________

Address ______________________________________________
(Street or P.O. Box, city, state, zip code)

Telephone Number: Office: ______________ Emergency: ______________

e. Health Insurance Company Name ______________________________________

Policy Number ______________________ Telephone: __________________

f. Minor's Allergies ______________________________________________

g. Minor's Current Medications ______________________________________

h. Minor's Special Health Needs ______________________________________

**II. EMERGENCY MEDICAL AUTHORIZATION**

I, the undersigned parent or legal guardian of ______________________________,
(Name of minor)

Do hereby authorize Sam Houston State University and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are ________________ to________________ 20____.

______________________________________ Date ________________ 20______.
(Signature of Parent or Guardian)

**(Students less than eighteen years of age)**