

# Purdue University

## Risk Management Office

*interoffice memorandum*

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**TO:** Form Users

**FROM:** Mark Kebert

**DATE:** October 31, 2001

**RE:** Medical Treatment Authorization Form

The attached form will assist you by providing an example document approved by University counsel and the Risk Management Office.

This form Authorizes Purdue to seek medical treatment for a minor if it becomes necessary to do so.

A Medical Treatment Authorization Form can be utilized when minors, not accompanied by a legal guardian, will attend a Purdue sponsored event. This would include field trips and other events on or off campus.

To utilize this form simply print the attached page and make sure it is properly completed preceding the event. If the form is utilized and medical treatment is actually sought on a minor, it is recommended that the form be retained until the minor turns 18 years old and then held for at least an additional 2 years.

**Medical Treatment Authorization For Minor**

I am the parent or legal guardian of \_\_\_\_\_ **[insert full name of student]**, a minor whose date of birth is \_\_\_\_\_ and who is enrolled in an activity at or is a student at Purdue University ("Purdue").

If while participating in activities sponsored by or conducted in association with or under the auspices of Purdue, or while on Purdue property, said minor or student requires emergency medical treatment of any kind, I hereby authorize Purdue (including its employees, agents and representatives) to provide or obtain such treatment, either at facilities owned or managed by Purdue or at hospitals, clinics or other health care providers which provide the required treatments. This authorization and consent encompasses all reasonably necessary medical care required by such emergency, including but not limited to medical transport, hospital tests (such as pathology or radiology), anesthesia, surgery, and administration of prescription drugs.

I assume full responsibility for all medical expenses incurred as a result of such emergency treatment.

If minor is a Purdue student this authorization will expire on said student's eighteenth birthday.

EXECUTED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed name of Parent/Guardian