

**AUTHORIZATION FOR PURPOSES OF PROVIDING MEDICAL TREATMENT
MICHIGAN STATE UNIVERSITY**

Your son/daughter will be involved in a Michigan State University program on the above date(s). We are asking you to complete this form to give an appropriate medical facility permission to treat him/her for minor injury or medical problems. In the event of serious injury or illness, you will be contacted; treatment will proceed before contacting you only if the situation is urgent and does not permit delay.

Child's Name _____ Date of Birth _____
Address _____ Name of Primary Care Physician _____

Address _____
Phone _____ Phone _____

INFORMATION NEEDED ABOUT CHILD: YES NO IF YES - INDICATE OR LIST BELOW

Is there any chronic problem or illness?	_____	_____	_____
Has the person been treated recently for some medical problem?	_____	_____	_____
Are there any allergies to medications or local anaesthesia?	_____	_____	_____

List any medications now being taken for treatment of any medical problem _____

Date of last Tetanus Shot: _____

HEALTH INSURANCE INFORMATION:
Policyholder's Name and Relationship to Patient _____

Policyholder's Address _____

Name and Address of Insurance Co. _____

If you have HMO or PHP insurance - list the emergency treatment authorization phone number _____

Name and Address of Employer _____

All Policy Numbers (please identify) _____

I, _____, as parent/legal guardian of _____

do hereby authorize _____ to seek any medical and/or surgical treatment necessary for treatment
(Program Director's Name)
necessary for the care of my child.

The above-designated Program Director is hereby authorized to incur medical costs necessary to provide medical treatment for said child, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature _____ Relationship to Child _____

Daytime/Work EMERGENCY PHONE NUMBER _____

Address _____

PLEASE INCLUDE A COPY OF THE STUDENT'S INSURANCE CARD WITH THIS FORM.