

Texas State University
UPPS 05.06.03 Student Travel
Authorization for Medical Treatment

I, _____
full name

authorize a Texas State University representative to furnish such medical care that may require. Emergency treatment, i.e., treatment in the event of serious illness/injury or the need for hospitalization and/or major surgery, is also granted. The Texas State representative will use all reasonable efforts to contact the emergency reference names herein. Failure of such efforts, however, should not prevent the representative from providing such medical and/or emergency treatment as may be necessary for the best interest of the life of the individual. I further understand and agree that Texas State University is not liable, financially or otherwise, for any costs incurred as a result of such medical and/or emergency treatment provided to the individual named above.

Please complete the section below.

Name of Insurance Company: _____ Policy # _____

Name of Physician: _____ Phone # _____

In case of emergency, contact _____

Work # _____ Home # _____ Relationship _____

Second Contact _____

Work # _____ Home # _____ Relationship _____

Date

Printed Name

Signature