

Texas State University
UPPS 05.06.03 Student Travel
Authorization for Medical Treatment For Minors

I, _____, the _____ of _____,
(name of parent/legal guardian) (relation to child) (printed name of child)

give the child named above permission to use transportation provided by Texas State University and to participate in this Texas State University travel-related activity. He/She has my permission to participate in all activities related to this event.

I also give permission to an authorized Texas State University representative to furnish such medical care as the child named above 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 child named above. 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 child named above.

Please complete the section below.

Name of Insurance Company: _____ Policy # _____

Name of Family Physician: _____ Phone # _____

In case of emergency, contact _____

Work # _____ Home # _____ Relation to child _____

Second Contact _____

Work # _____ Home # _____ Relation to child _____

Date

Printed Name (Parent or Legal Guardian)

Signature (Parent or Legal Guardian)