

Authorization for Treatment for Students Under 18

I hereby grant permission to Embry-Riddle Aeronautical University Health Services medical and/or nursing staff, Counseling Center staff, and/or the University Physician(s) to render any health care or emergency treatment to myself/son/daughter/ward. I also grant permission for the above referenced to arrange for health care, emergency treatment, or hospitalization or any other medical, psychological, or dental care facility when considered necessary by the Health Services staff and/or University Physician(s).

Student Date of Birth (MM/DD/YY): \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date (MM/DD/YY): \_\_\_\_\_

Parent or Legal Guardian Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

Date (MM/DD/YY): \_\_\_\_\_

