

## CONSENT FOR MEDICAL TREATMENT OF A MINOR STUDENT

If a new/transfer student will be under the age of 18 on the first day of participation in Intercollegiate Sports or the first day of classes of the Academic Year, the following form must be completed:

Student Name:

\_\_\_\_\_  
First MI Last

Student ID #:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_  
MM/DD/YYYY

Home Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Parent/Guardian Name:

\_\_\_\_\_  
First MI Last

Phone:

\_\_\_\_\_  
Home Work Cell

### PERMISSION TO TREAT:

The undersigned authorize and consent to any medical treatment and/or hospital care that medical personnel designated or authorized by Pacific Lutheran University (PLU) deem necessary for student's health, safety and protection. This may include administration of care by qualified personnel, transportation for the purposes of medical treatment by personnel, and referral to qualified health care providers. The undersigned student must personally consent to said medical procedure if said student is physically and emotionally capable of consenting at the time such treatment is required.

In consideration of being permitted by PLU to utilize the Health and Counseling Services offered by PLU, I and my parent/legal guardian identified above, hereby releases and agrees to indemnify Pacific Lutheran University and their staff of any and all liability, claims and causes of actions arising out of or in any way connected to my use of these services.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date