



Authorization for Emergency Medical Treatment and Transportation to Obtain Emergency Medical Treatment

Student Name: _____

case.edu/studentlife/healthcounseling

Student ID: _____

This form enables parents and guardians to authorize the provision of emergency treatment and transportation for students and guests who are under the age of 18 and who become ill or injured while at Case Western Reserve University when parents cannot be reached.

| | Name | Telephone |
|----------|------|-----------|
| Mother | | |
| Father | | |
| Guardian | | |

In the event reasonable attempts to contact me/us have been unsuccessful or an emergency exists making it impractical or dangerous to delay treatment in order to obtain such consent, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of my son/daughter to any hospital reasonably accessible.

This authorization does not cover major surgery, unless the medical options of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

A physician should be alerted to the following facts concerning my child's medical history: (Please include allergies, medications being taken, and any physical impairment.)

 Signature of Parent/Guardian

 Date

 Address of Parent/Guardian

Please upload a signed copy of this form to the Medical Clearance section on myhealthconnect.case.edu at least 2 weeks before you arrive on campus.