

EMERGENCY MEDICAL CONSENT FORM

Mississippi State University and all employees, agents, volunteers and others assisting with the (_____ (collectively referred to as "MSU") have my permission to obtain emergency medical treatment for my child, _____, when I cannot be reached or if a delay in reaching me would be dangerous for him/her. I give MSU the full authority to make any and all necessary decisions regarding my child's medical treatment until such time as I arrive to make the necessary decisions. I give MSU consent to secure all required medical services and to transport my child or have him/her transported if necessary.

My insurance provider is _____

My policy and/or plan number is _____

My child is taking the following medications: _____

My child is allergic to the following: _____

Previous medical history or current conditions: _____

I understand that I will be fully financially responsible for any treatment or injuries sustained by my child while he/she is receiving this medical care including any fees or charges that may be imposed by a physician, hospital, ambulance service, or other health care provider. I further agree to indemnify and hold MSU harmless from any claim that may be made by a provider for such fees and charges incurred in the provision of medical care to my child.

Printed Name of Parent or Guardian

Telephone Number

Signature of Parent or Guardian

Date