

Missouri Western State University
Baker Center
Consent for Care of Minor

I/we, the undersigned, am/are the mother and father or legal guardian of _____ and _____ minor(s).

I/we hereby give consent, in the event that we can not be contacted within a reasonable amount of time, for:

1. the administration of any treatment deemed necessary for my/our child(ren)
2. the transfer of any of my/our child(ren) to a treatment facility (i.e., hospital) if deemed necessary

This authorization does not cover non-emergency major surgery unless medical opinions of two or more licensed physicians or dentists concurring in the necessity for such a surgery are obtained prior to the performance of such surgery and unless all reasonable attempts to contact me/us have been unsuccessful, defining such a period for non-emergency surgery as 24 hours.

In addition, the following will be needed by any hospital or practitioner without access to my/our child(ren)'s medical records:

Allergies: _____

Current medications being taken by child: _____

Physical impairments: _____

Other: _____

Medical insurance coverage (policy holder and number): _____

Signed

Date