

University of Dubuque Consent of Parent or Guardian for Treatment of Those Under 18 Years of Age

To be completed if the student is under 18 years of age, even if student will turn 18 during the academic year, by parent/legal guardian.

To obtain care that may be necessary for our students and to protect the physicians and institutions involved, it is necessary that you sign the consent for treatment statement. While every reasonable effort is made to contact families in the event of serious illness or injury, this is not always possible within a short period of time; therefore, the consent form is necessary to provide appropriate care.

Signature of Parent/Guardian indicates that the University of Dubuque has permission to arrange medical/mental care for your son/daughter. This includes care and treatment by medical providers at any outside health care facility if deemed necessary by UD Medical Services or if a student-athlete, UD Team Physician or designee.

Student-athletes: Signature of Parent/Guardian indicates University Certified Athletic Trainer may evaluate, treat and monitor their son/daughter's injury under the supervision of a physician, and will follow the code of ethics of the NATA and the Laws of the State of Iowa, as licensed athletic trainers.

If you have any questions or concerns, please contact University of Dubuque, Medical Coordinator, Debra R. Runkle, 563-589-3244.

Student's Name: _____ Date of Birth _____ Age ____
L Name F Name

Parent/Guardian Name: (Please print) _____

Parent/Guardian Signature: _____ Date: _____

Witnessed by: _____ Date: _____

Parent/Legal Guardian Phone #: _____

Parent/Legal Guardian Cell Phone #: _____

*****complete below if applicable*****

- Aviation/ Flight Ops (circle, if applicable) YES
- Nursing (circle, if applicable) YES
- ROTC (circle, if applicable) YES
- Sport(s): Intercollegiate, inc Cheer (circle, if applicable) YES list sport(s) _____