## 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/brain health care for your son or daughter. This includes care and treatment by medical/brain health providers at the Smeltzer-Kelly Student Health Center, any outside health care provider/facility if deemed necessary by Smeltzer-Kelly Student Health Center 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 or 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 Smeltzer-Kelly Student Health Center at (563)589-3360 or via email studenthealthcenter@dbq.edu.

Student's Name:	<del>-</del>		Date of Birth:	Age:
Parent/Guardian Name: (Please print) _				
Parent/Guardian Signature:	<u> </u>		Date: _	
Witnessed by:			Date:	
Parent/ Guardian Emergency Contact P	hone #:			<u>_</u>
**************************************	e below if	applicable*****	*********	*****
Aviation/ Flight Ops	YES			
Nursing	YES			
ROTC	YES			
Sport(s): Intercollegiate, inc Cheer	YES	list sport(s)		