

MICHIGAN STATE UNIVERSITY

Permission for Medical Treatment of a Minor

Parent / Guardian:

Should your child become injured or ill while working for Michigan State University, we want to ensure there is no delay in seeking medical assistance. Please complete and sign this form which grants us permission to treat him/her for a minor injury or medical problem.

In the event of serious injury or illness, we will seek treatment for your child immediately, and make every effort to notify you of the situation as quickly as possible.

In order to expedite treatment for my child, I hereby authorize Michigan State University to seek treatment for my son / daughter for minor injuries and/or medical problems. I understand my consent is not required in an urgent, emergency situation.

Signed: _____ **Date:** _____
(Parent or Legal Guardian)

Print Name: _____ **Relationship:** _____

For: _____ / ____ / ____
Print Minor's Name Date of Birth

Emergency Contact Phone: (____) _____ Alternate Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

| Please answer for your child: | NO | YES | If yes, explain: |
|--|----|-----|------------------|
| 1. Do they have any chronic medical conditions or illness? | | | |
| 2. Do they currently have an acute illness? | | | |
| 3. Have they recently been treated for any medical conditions? | | | |
| 4. Are they currently taking any medication? | | | |
| 5. Do they have any allergies to medications or local anesthetics? | | | |
| 6. Do they have any restrictions on exposure to dust, fumes, heat/cold, sunlight, soaps, cleansers or any chemical substances? | | | |
| 7. Do they have any restrictions on carrying, lifting, bending, reaching, use of the back, arms, legs or any part of the body? | | | |
| 8. Do they have any back problems? | | | |
| 9. The date of their last Tetanus shot was: | | | |

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