

Medical Treatment Authorization For Minor

I am the parent or legal guardian of _____, a minor whose date of birth is _____ and who is enrolled in an activity at or is a student at Purdue University ("Purdue").

If while participating in activities sponsored by or conducted in association with or under the auspices of Purdue, or while on Purdue property, said minor or student requires emergency medical treatment of any kind, I hereby authorize Purdue (including its employees, agents and representatives) to provide or obtain such treatment, either at facilities owned or managed by Purdue or at hospitals, clinics or other health care providers which provide the required treatments. This authorization and consent encompasses all reasonably necessary medical care required by such emergency, including but not limited to medical transport, hospital tests (such as pathology or radiology), anesthesia, surgery, and administration of prescription drugs.

I understand that if my child begins experiencing two or more of the symptoms of COVID-19, which include:

Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, and Diarrhea

My child will have to leave Purdue property and return home to my care as soon as possible, but no later than twelve (12) hours upon notification to me that my child is experiencing these symptoms.

I assume full responsibility for all medical expenses incurred as a result of such emergency treatment.

If minor is a Purdue student this authorization will expire on said student's eighteenth birthday.

EXECUTED this _____ day of _____, 20____.

Signature of Parent/Guardian

Printed name of Parent/Guardian