MEDICAL TREATMENT AUTHORIZATION AND CONSENT FORM

The following form is designed for those situations where enrolled students are under the age of 18 and are unaccompanied by either parents or legal guardians. This "Medical Treatment Authorization and Consent Form" gives authority to Knox College to arrange for medical care for a minor in the event of an emergency. This is extremely important, in that, medical care cannot be provided to a minor without approval by the parents or legal guardians, unless there is written consent authorizing an agent to give approval.

_____

Minor's Full Name (Please Print)

_____

Minor's Address

_____

City, State, Zip Code

_____

Minor's Age and Date of Birth

The undersigned do hereby authorize Knox College =to consent to any X-Ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or elsewhere.

_____

Parent or Guardian Signature Date

_____

Address Parent of Guardian

_____

Cell, Home, and Work Phones of Parent or Guardian

_____

Witness

_____ _____

Insurer Account Number

_____

Family Physician

_____

Family Physician's Full Address