PROVIDENCE
CHRISTIAN COLLEGE

Medical Authorization and Waiver Form for Minor Students

I/We, _____ (print name(s)), are the parents or

guardians of _____, a minor student enrolled

at Providence Christian College.

In the event that I/we cannot be reached, I/we authorize the college, or any college employee accompanying my child, to make decisions regarding the emergency or non-emergency medical care of our child named above, including authorizing medical treatment.

Additionally, I hereby authorize any hospital or medical office which has provided treatment to the above-named minor to release the above-named minor into the custody of a college employee upon completion of the treatment.

This medical treatment authorization is in effect from (date) _____ to

_____ or until the minor student turns 18 years of age.

_____	_____	_____
Date	Signature of Parent/Guardian	Relationship
_____	_____	_____
Date	Signature of Parent/Guardian	Relationship

Parent/Guardian Contact Information

Primary Phone Number: (_____) _____- _____

Secondary Phone Number: (_____) _____- _____

Additional Contact Numbers: (_____) _____- _____