

Authorization To Consent To Treatment of a Minor

I/We, parent(s) and/or legal guardian(s) of:

(Student's Name)

(Student's Date of Birth)

an unemancipated minor, who is a participant in the Vanderbilt Summer Academy (VSA), do hereby consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general supervision of any physician or surgeon on the medical staff of the Vanderbilt University Student Health Center, Vanderbilt University Children's Hospital or other licensed medical care providers. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or medical care being required and is to serve as specific consent to any and all such diagnoses, treatment, or hospital care which may be deemed advisable.

In addition, I consent to allow the physicians and staff involved in any such treatment to share medical findings regarding this student with VSA program coordinators and staff. I further authorize all VSA program coordinators, staff, and proctors to dispense non-prescription analgesics for minor medical problems such as headaches, etc.

By signing below, I acknowledge that I am 18 years of age or older and understand that I am entitled to have an attorney of my own choosing to review the Release prior to signing. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from the participation in this activity by my child. If the participant is not 18 years of age or older, this release must be signed by a parent or legal guardian.

Parent or Guardian's Signature

Date: _____

Parent or Guardian's Printed Name

Witness Signature

Date: _____

Witness Printed Name