

**Women in Engineering**  
**July 20-25, 2008**

**AUTHORIZATION FOR PURPOSES OF PROVIDING MEDICAL TREATMENT**  
**MICHIGAN STATE UNIVERSITY**

Your son/daughter will be involved in a Michigan State University program on the above date(s). We are asking you to complete this form to give an appropriate medical facility permission to treat him/her for minor injury or medical problems. In the event of serious injury or illness, you will be contacted; treatment will proceed before contacting you only if the situation is urgent and does not permit delay.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Name of Primary  
Care Physician \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**INFORMATION NEEDED ABOUT CHILD: YES NO IF YES, INDICATE OR LIST BELOW**

Is there any chronic problem or illness? \_\_\_\_\_

Has the person been treated recently for  
some medical problem? \_\_\_\_\_

Are there any allergies to medications  
or local anesthesia? \_\_\_\_\_

List any medications now being taken  
or treatment of any medical problem \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

**Health Insurance Information:**

Policyholder's Name and Relationship to Patient: \_\_\_\_\_

Policyholder's Address \_\_\_\_\_

If you have HMO or PHP insurance – list the emergency treatment authorization phone number \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

All Policy Numbers (please identify) \_\_\_\_\_

I, \_\_\_\_\_ . As parent/legal guardian of \_\_\_\_\_

do hereby authorize Drew Kim to seek any medical and/or treatment necessary for treatment necessary for the care of my child.

The above-designated Program Director is hereby authorized to incur medical costs necessary to provide medical treatment for said child, for which I shall be full responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Daytime/Work EMERGENCY PHONE NUMBER \_\_\_\_\_

Address \_\_\_\_\_