

HUMBOLDT STATE UNIVERSITY

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I, the undersigned, am the parent/legal guardian of [redacted],
name of minor

who is a minor and an enrolled participant in [redacted].
program, activity, or event

I hereby authorize Humboldt State University's Athletics Sports Medicine staff and/or Student Health and Wellbeing Services attending medical personnel, as agent(s) for the undersigned:

- to consent to any examination/diagnostic procedure (including lab and x-rays),
- to the administration of any medical treatment, counseling, and/or minor surgical procedure,
- to the administration of medications and immunizations,
- to refer to another health facility when any or all of the above is deemed advisable.

This authorization shall remain effective until [redacted].
(insert the day **after** the last day of camp)

[redacted]
Minor's Date of Birth:

[redacted]
PRINT Parent/Legal Guardian's Name

[redacted]
SIGNATURE Parent/Legal Guardian

Date of Signature: [redacted]

Address [redacted]

City [redacted] State [redacted] Zip Code [redacted]

Home Phone: [redacted] Cell Phone: [redacted]

Chronic Illnesses: [redacted]

Medications (if long term): [redacted]

Allergies (Including Food Allergies): [redacted]

Last Tetanus: [redacted]