PROGRAM CANR SUMMER PROGRAMS

Dates Attending

MICHIGAN STATE UNIVERSITY

AUTHORIZATION FOR PURPOSE OF PROVIDING MEDICAL TREATMENT

College of Agriculture and Natural Resources, 446 West Circle Drive,
Justin S. Morrill Hall of Agriculture
East Lansing, MI 48824

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 Phone

Name of Primary Care Physician Phone

Address:

INFORMATION NEEDED ABOUT CHILD	**YES**	**NO**	**IF YES - INDICATE OR LIST BELOW**
IS there any chronic problem or illness?			
IS there any acute illness now present?			
HAS the child been treated recently for some medical problem?			
ARE there any allergies to medication or local anesthesia?			

LIST all medications now being taken for treatment of any medical problem.

LIST all allergies

DATE of most recent Tetanus Shot

HEALTH INSURANCE INFORMATION

Policy Holder's Name Relationship to Patient

Policy Holder's Address

Name and Address of Insurance Company

List ALL Policy Numbers (please identify)

If you have HMO insurance - list the emergency treatment authorization phone number

Name and Address of Employer

as parent/legal guardian of,

do hereby authorize Stephanie Chau and designated Officers to seek any medical and/or surgical treatment necessary

Michigan State University Staff

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 fully 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

Home Address