



**MAINE MARITIME ACADEMY**  
***Student Health Services***  
***Castine, ME 04420***

**EMERGENCY TREATMENT AUTHORIZATION FOR MINORS**  
**(UNDER 18 YEARS OF AGE)**

Student  
Name \_\_\_\_\_

Date of birth \_\_\_\_\_

By law, no minor may be administered an anesthetic and operated upon without the consent of the parent or guardian. On rare occasions a medical/surgical emergency arises and we are unable to contact the parents. In order that no delay occurs that might jeopardize the life of a student, we request that the following permission be signed by the parent or guardian of ALL STUDENTS UNDER THE AGE OF 18.

I hereby grant permission to Health Services at Maine Maritime Academy (including Athletic Trainers) to hospitalize and secure proper treatment for my son, daughter, or ward (circle appropriate name) identified above, provided they are unable to communicate with me, and according to their best professional judgment when further delay might jeopardize their life.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian