

MAINE MARITIME ACADEMY

A College of Engineering, Management, Science, and Transportation

Student Health Services

Phone 207-326-2295 Fax 207-326-2129

EMERGENCY TREATMENT AUTHORIZATION FOR MINORS

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 parent or guardian of ALL STUDENTS UNDER THE AGE OF 18 sign the following permission.

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

Date