

UNIVERSITY OF NOTRE DAME
CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM
For Employed Minors

Research Department: _____ Date of Employment: _____

Minor Employee Name: _____

TO GRANT CONSENT

I, _____ of _____
(Name of Parent/Legal Guardian) (City)
_____, _____, do hereby state that I am the
(County) (State)
parent or legal guardian of: _____, a minor.
(Name of Child)

Should an emergency arise while my child is employed by The University of Notre Dame du Lac, I hereby authorize University representatives and staff to obtain emergency medical attention for my child. I do hereby give consent to any recommended examination, anesthetic, medical diagnosis, surgery or treatment, blood transfusion and/or hospital care to be rendered to my child under the supervision and on the advice of any physician or surgeon licensed to practice medicine.

◆Family Doctor: _____ Phone: _____

◆Family Dentist: _____ Phone: _____

◆Medical History: Allergies, if any, including medication and foods: _____

◆Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy): _____

◆Medicines your child is now taking and dosage: _____

◆Date child received last Tetanus injection or booster (if known): _____

I can be reached at the following phone numbers(s) in an emergency:

_____, (_____) _____
(Name and Location) (Phone)

_____, (_____) _____
(Name and Location) (Phone)

_____ Dated _____
(Signature of Parent/Legal Guardian)