

Parent/Guardian Grant of Permission and Release of Liability

Child Name: _____

Date of Birth: _____ (month/day/year)

Parent/Guardian Permanent Home Address:

_____ (City) _____ (State/Province)

_____ (Country)

Phone (home) _____

Phone (work) _____

Email: _____

I (we) the undersigned parents or legal guardians of _____, a minor student enrolled at Michigan Technological University (MTU), do hereby authorize the MTU Director of International Programs and Services or designee (hereafter Agent) for and on behalf of the undersigned parent(s) or guardian(s) and the minor to consent to any x-ray , MRI, CT or other form of examination, anesthetic administration, medical or psychiatric testing, diagnosis and treatment, including surgery, hospital care or admission or other medical or psychiatric services deemed advisable by the Director if such care is rendered under the general or specific supervision of and advised by any physician, surgeon or medical or psychiatric professional licensed under the provisions of the Medical Practice Act or laws of the state in which such services are provided whether such diagnosis or treatment is rendered at the office of the said provider or at a hospital. This grant of authority shall remain in effect during all times that the Minor is enrolled as a student at MTU unless terminated as allowed below.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or care being required, but is given to provide authority and power to our aforesaid agent(s) to give specific consent to any and all diagnosis, treatment, or hospital care which the agent and health care providers may deem advisable.

The undersigned hereby releases and agrees to indemnify and hold harmless Michigan Technological University, its Board of Control, officers, agents and employees from and against any and all claims or costs arising out of or in connection with any medical, psychiatric or other care authorized by the Agent pursuant to this agreement, including any costs of treatment or care and any damages or injury (including death) to the minor or

to the undersigned whether as a result of the authorization or rendering of treatment or the failure of the Agent to authorize treatment or care. The Agent will not be liable or responsible for the costs of any diagnosis, treatment or care which the Agent authorizes, such liability being that of the parents and student. The undersigned represent and affirm that they are the natural or adoptive parents, or the legal guardians, of the named minor, have full authority to make the decisions which they hereby authorize the agent to make and that no consent or approval of any other person is required for the making of such decisions or the delegation of the authority given to the Agent herein.

This authorization shall remain effective through the _____ day of _____(month), 20____ unless sooner terminated in writing or by the Student's termination of student status at MTU, whichever occurs first.

Parent: _____ Date: _____
Signed

Parent: _____ Date: _____
Signed