

## Non-Consent for Emergency Medical Treatment

(Please note that you will *NOT* need to complete this Non-Consent for Emergency Medical Treatment Form *IF* you have already completed and signed the Consent Form on Page 10).

Volunteer Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Telephone \_\_\_\_\_  
*Home Phone Work Phone Cell Phone*

**I do not give my consent for emergency medical treatment/aid** in the event of illness or injury during the process of any participation on my part in the MSU TEAM Program. In the event emergency is required. I authorize Mississippi State University or its representative to take the following action in my behalf.

Please notify the following individual(s) in the event of an emergency:

\_\_\_\_\_  
Name Phone (Home) \_\_\_\_\_  
Phone (Work) \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_

\_\_\_\_\_  
Name Phone (Home) \_\_\_\_\_  
Phone (Work) \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_

No person can be accepted for participation in the MSU TEAM Program until either this form *or* the Consent for Emergency Medical Treatment form has been completed. If the person is of legal age (21), he/she may complete the form. If the person is not of legal age, the form must be completed by the parent(s) or guardian. Activities will be supervised, and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by Mississippi State University.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer Over Age of 21

\_\_\_\_\_  
Date