

Consent for Emergency Medical Treatment

(See next page for Non-Consent for Emergency Medical Treatment)

Volunteer Name _____ Date of Birth _____

Parent/Guardian: _____

Address _____
Street City State Zip

Telephone _____
Home Phone Work Phone Cell Phone

Physician's Name _____

Address _____

Telephone _____

Preferred Medical Facility _____

Does the volunteer have any medical condition(s) requiring special precautions or treatments and any medications and dosage? Yes No If you answered "yes," please describe: _____

In case of medical emergency, the undersigned authorizes Mississippi State University, acting through the adult on its staff who has actual care, control, and possession of the child, to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to Mississippi State University that he or she is the child's parent and either (a) is not divorced from the other parent, or (b) is divorced from the other parent, but has been authorized by a written court order to give consent to medical and dental care and surgical treatment of the child. The undersigned will indemnify and hold Mississippi State University, its officers, members, employees, and agents harmless if he or she is not empowered by law to give this consent.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent from the undersigned.

No person can be accepted for volunteer work until this form has been completed by the parent/parents or guardian. If the person is of legal age (21), he or she may complete the form, if he or she is legally competent to do so. Although every effort will be made to avoid any accident, NO LIABILITY can be accepted by Mississippi State University.

Yes, I would like _____ to assist as a volunteer with the MSU 4-H TEAM Program. If my child is a volunteer, I have discussed this with their physician. I understand that NO LIABILITY can be accepted by Mississippi State University, in the event of any accident which may occur.

Signature of Parent/Parents or Guardian

Date

Signature of Volunteer Over Age of 21

Date

Volunteer/Parent Insurance Carrier _____

Policy Number _____