

CONSENT OF PARENT OR GUARDIAN FOR MEDICAL TREATMENT

To Parents and Guardians of Applicants under Eighteen (18) years of age:

In order to quickly procure any emergency care that may be necessary for our students and at the same time to protect the physicians and institutions involved, it is necessary that you sign and have notarized the consent for emergency treatment below. This is required for enrollment at Siena College if the student is under 18.

I, _____ pursuant to the authority
vested in me as _____ of _____
PARENT-GUARDIAN STUDENT'S FULL NAME

Authorize the staff of Siena Health Service to proceed with any needed medical or minor surgical treatment, laboratory tests, x-ray examinations, and immunizations, for the above-named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician at the local hospital to contact me in the most expeditious manner possible.

STUDENT'S FULL NAME

STUDENT'S BIRTHDATE

Signed _____ Date _____

Subscribed before me this _____ day of _____ 20 _____

NOTARY PUBLIC (WITH SEAL)