

To Parents and Guardians of Applicants Under Eighteen:

In order to procure quickly any emergency care that may be necessary for students and at the same time to protect the health care providers and the institutions involved, it is requested that you sign the consent for emergency treatment below.

Be assured that we will make every effort to notify parents at once in the case of serious accidents or illnesses when these come to our attention, but since students often come great distances, this may be slow or impossible even by phone. Your cooperation in this matter therefore is much appreciated.

I \_\_\_\_\_, pursuant to the authority vested in me as the  
\_\_\_\_\_ of \_\_\_\_\_,  
Parent – Guardian Student’s Full Name

do hereby authorize the Student Health Center staff at Clarkson University upon consultation with a practicing physician or surgeon to exercise for me and on my behalf, all rights and duties with reference to consenting to appropriate medical, psychiatric, and surgical treatment, anesthetics, medicines and hospitalization, including care and treatment, by any hospital, staff surgeon, physician or radiologist which they deem necessary for the emergency care of my, \_\_\_\_\_,  
Son – Daughter Student’s Full Name

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return to:  
Student Health Center  
Clarkson University  
Box 5643  
Potsdam, NY 13699-5643