Texas State University
UPPS 05.06.03 Student Travel
Authorization for Medical Treatment For Minors

I, ____________________________________________, the ___________________ of _______________________________________.
(name of parent/legal guardian) (relation to child) (printed name of child)
give the child named above permission to use transportation provided by Texas State University and to participate
in this Texas State University travel-related activity. He/She has my permission to participate in all activities
related to this event.

I also give permission to an authorized Texas State University representative to furnish such medical care as the
child named above may require. Emergency treatment, i.e., treatment in the event of serious illness/injury or the
need for hospitalization and/or major surgery, is also granted. The Texas State representative will use all
reasonable efforts to contact the emergency reference names herein. Failure of such efforts, however, should not
prevent the representative from providing such medical and/or emergency treatment as may be necessary for the
best interest of the life of the child named above. I further understand and agree that Texas State University is
not liable, financially or otherwise, for any costs incurred as a result of such medical and/or emergency treatment
provided to the child named above.

Please complete the section below.

Name of Insurance Company:__________________________________ Policy #____________________
Name of Family Physician:___________________________________ Phone #____________________
In case of emergency, contact _____________________________________________________________
Work #______________________ Home #______________________ Relation to child____________________
Second Contact __________________________________________________________________________
Work #______________________ Home #______________________ Relation to child____________________

____________________________________________  __________________________________________
Date                                              Printed Name (Parent or Legal Guardian)

____________________________________________
Signature (Parent or Legal Guardian)