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

,	, the	of	,
(name of parent/lega	l guardian)	(relation to child)	(printed name of child)
	•	•	y Texas State University and to participa permission to participate in all activiti
child named above may re need for hospitalization reasonable efforts to cont prevent the representative pest interest of the life o	equire. Emergency trea and/or major surgery, tact the emergency refe te from providing such m f the child named above therwise, for any costs i	tment, i.e., treatment i is also granted. The rence names herein. Fa nedical and/or emerger e. I further understand	tative to furnish such medical care as to the event of serious illness/injury or to e Texas State representative will use ailure of such efforts, however, should not treatment as may be necessary for to and agree that Texas State University uch medical and/or emergency treatment
Please complete the secti	on below.		
Name of Insurance Company:			Policy #
Name of Family Physician	:		Phone #
n case of emergency, cor	tact		
Nork #	Home #	F	Relation to child
Second Contact			
Work #	Home #	F	Relation to child
Date		Printed Name (F	Parent or Legal Guardian)
		Signature (Parei	nt or Legal Guardian)