

MEDICAL TRANSPORT AND TREATMENT AUTHORIZATION
Child Scientist Adventure Week (C-SAW) AT INDIANA UNIVERSITY
BLOOMINGTON

I, _____, hereby authorize qualified medical professionals to transport my child and perform medical treatment, as may be prescribed by the attending licensed physician and/or paramedic, upon my child as needed, and I waive my right to receive informed consent prior to any such transportation or treatment. I hereby agree to be fully responsible for all financial obligations incurred as a result of such transportation or treatment, regardless of who brings my child in for the treatment.

Parent/guardian signature _____

Date _____

Approved, March 4, 2013

For Preview Only