

NOTE: This form should be placed on Humboldt State University letterhead with the sponsoring college or department identified. Insert the following statement below the letterhead: "This medical authorization covers internships in the Department of [insert department name] for [insert AY] listed on the Release of Liability form. Each participant must complete the information section of this form. The authorization section must be completed for any participants who are minors. The completed original should be kept by the internship site supervisor, with copies to the faculty member and to the College office.

Medical Information and Authorization Form

Name _____ Signature _____

Birth date _____ Age _____ Gender _____

Social Security Number _____

Emergency contact _____

Home Phone _____ Work Phone _____

Doctor's Name _____ Phone _____

Domestic Insurance Company _____ Policy # _____

Study Abroad Insurance Company _____ Policy # _____

International Contact _____

Allergies/Medical Conditions _____

Authorization for Consent to Medical Treatment

(To be completed if student is a minor, under 18 years of age)

The undersigned (Parent/Guardian) of the participant named above states that the participant is in good health and knows of no conditions contrary to active participation in this program.

The undersigned (Parent/Guardian) of the participant named above hereby authorizes the program director to consent to any diagnostic procedure (including x-rays), to the administration of any medical or surgical treatment, or to any hospital care when any, or all are rendered under the general supervision of any licensed physician and/or surgeon.

The undersigned (Parent/Guardian) of the participant named above agrees that the University is not responsible for any medical, dental or other expenses resulting from the exercise of this authorization. This authorization is given in advance of any specific diagnosis, treatment or medical care being required, and pursuant to the intent and provisions of Section 6910 of the California Family Code.

Parent/Guardian signature _____ Date _____

Printed name _____