

AUTHORIZATION and CONSENT for TREATMENT of MINORS

(To be completed by Parent or Guardian of the student who will be under the **age of 18** when seeking medical services from the University.)

I, the parent/legal guardian of _____(print student’s name),

in consideration of the services rendered by the **University of Hawai`i at Hilo Student Medical Services** (hereafter UHHSMS), hereby voluntarily and knowingly, authorize and give my express consent to the UHHSMS for the administration of TB tests, immunizations, medical treatment for illnesses or injuries, and emergency care to the above named student as deemed necessary by the UHHSMS staff.

We/I further agree to pay any and all such medical and hospital costs, expenses and charges, and to release and discharge and hold harmless the University of Hawai`i and the State of Hawai`i, its employees and agents, from and against any liability of any claim or demand arising out of or in connection with such medical treatment or care.

Signature of Parent or Legal Guardian _____ Date _____