



Club Sports

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Personal Information:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Name of Nearest Relative: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Medical Information:

Health Insurance Company: _____

Policy #: _____ Phone #: _____

Allergies: _____

Current Medications: _____

Special Health Needs: _____

Emergency Medical Authorization:

I, the undersigned, do hereby authorize Colorado School of Mines and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are _____ to May 31, 2008.

I am 18 years of age or older, have read the above authorization, and confirm that the information contained herein is true and accurate.

Signature of individual providing authorization

Date