

**SUNY GENESEO
ACCESS OPPORTUNITY PROGRAMS (EOP/TOP)**

CONSENT FORM

To Parents and Guardians of Students under Eighteen (18):

In order to procure quickly any emergency care that may be necessary for students and, at the same time, to protect the physicians and institutions involved, it is requested that you sign and have notarized the consent for emergency treatment below.

Be assured that we make every effort to notify parents or guardians at once in case of serious accidents or illnesses when these come to our attention, but since students often come from great distances, this may be slow or impossible even by phone. Your cooperation in this matter therefore is much appreciated.

I _____ pursuant to the authority vested in
Parent/Guardian's Name

me as the parent/guardian of:

Student's Name Social Security Number

do hereby authorize the medical staff of hospitals in the area upon consultation with a practicing physician or surgeon to exercise for me and on my behalf, all rights and duties with reference to consenting to appropriate medical, psychiatric, and surgical treatment, anesthetics, medicines and hospitalization, including care and treatment, by any hospital, staff surgeon, physician or radiologist which they may deem necessary for the emergency care of my son/daughter:

(Student's Name)

Signed _____

Date _____

Subscribed before me this _____ day _____, 20____

Notary Public (with seal)

Please return immediately by fax (585-245-5720) or by mail