

Tulane University

Authorization For Treatment of Minor

I/We, the undersigned parent(s)/legal guardian(s), of the minor person listed below:

Minor's name

Date of Birth

Medical Record Number

do authorize the physicians of Tulane University to provide health services to this minor in the absence of a parent or legal guardian. This health service may include, but it not limited to: examination, preventative and/or curative treatment, X-ray, laboratory examination, anesthetic, medical or surgical diagnosis, and any consultation deemed necessary at the physician's discretion. Services shall not include research or experimentation.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required and is given to encourage the physician to exercise his/her best judgment as to the requirements of such diagnosis or medical treatment in my/our absence.

NOTE: Not used as permission for vaccines

This consent shall remain in effect until revoked, in writing, by parent(s) or legal guardian(s), or until child may legally consent for him or herself.

Date

Parent or Legal Guardian

Witness