

## PARENTAL/GUARDIAN CONSENT & MEDICAL AUTHORIZATION

I, the undersigned, am the parent or legal guardian of \_\_\_\_\_, a minor child, younger than 18 years of age, ("My Child"), whose address is \_\_\_\_\_. I acknowledge that My Child has been provided with the opportunity to participate in the following program (the "USER's Program"): \_\_\_\_\_, occurring on \_\_\_\_\_, which shall take place at the following location: \_\_\_\_\_ on The Florida International University Board of Trustees' ("FIU") \_\_\_\_\_ Campus in Miami, Florida (the "Premises"). I understand and agree that FIU's sole role in this matter is to allow \_\_\_\_\_ (the "USER") to use the Premises for USER's Program as further described and outlined in the accompanying Premises Use Agreement between FIU and USER.

I, the parent or guardian of My Child, do hereby authorize that FIU, through its agents or employees, take whatever steps necessary to secure medical treatment for My Child in the event My Child appears to be, at the sole discretion of FIU, in need of such treatment while attending the USER's Program. Furthermore, I understand and acknowledge that by signing this form, I hereby consent to the rendering of all necessary medical treatment to My Child, which may include, but may not be limited to, My Child's admission to a hospital or other appropriate health care facility, in such institutions and at such places as FIU, in its sole discretion, acting through its agents or employees, deems appropriate. I authorize the agents or employees of FIU to execute whatever forms and/or actions, which might be necessary to ensure complete and adequate care of My Child and guarantee payment of all charges incurred as a result of any medical treatment or emergency transportation deemed necessary.

By signing this Parental/Guardian Consent & Medical Authorization, I acknowledge and represent that: (i) I have read and understood this document; (ii) I am signing this document voluntarily and for full and adequate consideration, fully intending to be bound by the same; (iii) I am at least eighteen (18) years of age and am sound mind and body; and (iv) I authorize the release of medical insurance information listed below by FIU to whomever has a need-to-know. I understand that this is a legal document which is binding on me, my heirs, executors, administrators, and assigns and on those who may claim by or through me.

\_\_\_\_\_  
Medical Insurance Company Name

\_\_\_\_\_  
Group Number/ Member Number/Plan Number

\_\_\_\_\_  
Parent or Guardian (print name)

\_\_\_\_\_  
Address of Parent or Guardian

\_\_\_\_\_  
Home, Work and Mobile Phone Number(s) of Parent or Guardian

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date