

Emergency Care Release Form

If emergency medical care becomes necessary, I give permission for my child _____ to receive treatment as the University deems necessary and/or be taken to Methodist Northlake Campus Hospital.

As a parent/guardian, I give consent to have my child receive first aid by facility staff and if necessary to be transported to receive emergency care. I understand that I will be responsible for all charges not covered by my own personal insurance.

I give my consent for emergency people listed on the IU Northwest Emergency Care Pick-Up Form to pick up my child from the Center and to act on my behalf until I am available. I agree to review and update this information as needed.

Date _____ Signature _____
(Signature of parent or guardian)