Texas State University  
UPPS 05.06.03 Student Travel  
Authorization for Medical Treatment For Minors

I, ________________________, the _____________________ of ________________________,
(name of parent/legal guardian)  (relation to child)  (printed name of child)
give the child named above permission to use transportation provided by Texas State University and to participate
in this Texas State University travel-related activity. He/She has my permission to participate in all activities
related to this event.

I also give permission to an authorized Texas State University representative to furnish such medical care as the
child named above may require. Emergency treatment, i.e., treatment in the event of serious illness/injury or the
need for hospitalization and/or major surgery, is also granted. The Texas State representative will use all
reasonable efforts to contact the emergency reference names herein. Failure of such efforts, however, should not
prevent the representative from providing such medical and/or emergency treatment as may be necessary for the
best interest of the life of the child named above. I further understand and agree that Texas State University is
not liable, financially or otherwise, for any costs incurred as a result of such medical and/or emergency treatment
provided to the child named above.

Please complete the section below.

Name of Insurance Company:__________________________________  Policy #______________________

Name of Family Physician:___________________________________  Phone #______________________

In case of emergency, contact _____________________________________________________

Work #______________________ Home #______________________ Relation to child________________

Second Contact __________________________________________________________________________

Work #______________________ Home #______________________ Relation to child________________

___________________________________  ____________________________________________
Date  Print Name (Parent or Legal Guardian)

__________________________________________
Signature (Parent or Legal Guardian)