

TO: Parents/Guardians

Person to notify in case of an emergency:

Name: _____ Phone Number: (_____)_____-_____

Address: _____ **Relationship: (Circle one)**

_____ **Parent Guardian**

NOTE: In order to quickly procure any medical care that may be necessary from the Morrisville State College Health Center on behalf of the Boot Camp Hockey this form must be completed and on-file.

I, the parent/guardian of _____, do hereby authorize the nursing and medical staff of Morrisville State College's Student Health Center to treat my child for illness or injury as appropriate. I also give permission to local emergency room departments and their physicians, to provide appropriate medical, psychiatric, and surgical treatment, including administering anesthetics, as medically indicated in case of emergency.

I agree to indemnify and hold harmless the Morrisville State College and the Morrisville Auxiliary Corporation of New York ; its agents and all employees from any and all claims, suits, actions, damages and costs of every nature and description arising out of or relating to the use of the campus Health Center, I further agrees, on being requested, to assume the defense and to defend, at my own cost and expense, any action brought at any time against Morrisville State College and/or the Morrisville Auxiliary Corporation of New York in connection with the claims, suits and losses, as aforesaid.

Participant's Information

Name: _____ Social Security #: _____ - _____ - _____

Address: _____

Telephone Number in case of emergency _____

Signature of Parent/Guardian _____ Date: _____