

Malone University Bands Consent for Medical/Hospital Treatment

I, the undersigned parent/legal guardian of the student named here _____ do hereby consent for medical treatment of (student's name) _____ and name Malone University to act in my behalf in securing and consenting to medical and or/hospital treatment. I further agree to hold harmless for any claim arising out of this consent or medical/hospital treatment, Malone University, the Department of Fine Arts at Malone University and its personnel. Furthermore, I agree to reimburse Malone University for all expenses related to such treatment that the university may pay on my behalf.

Signature of Student

Date _____

Signature of Parent/Legal Guardian

Date _____