**Florida International University**
**MEDICAL AUTHORIZATION**

**PARENTAL CONSENT & AUTHORIZATION**

We/I understand that our/my son/daughter _____ who is _____ years old and an academic-year student at _____ has been selected to participate in the FIU Summer Research Internship Program (hereinafter "PROGRAM") to be held on the campuses of the **Florida International University (MMC and/or ECC)**, between the date of June 17th 2019 and August 9th, 2019.

We/I, the parent(s) or guardian(s) of _____, do hereby request that **Florida International University**, through its agents or employees, take whatever steps necessary to secure medical treatment for the child named above in the event such child appears to be in need of such treatment while attending the PROGRAM. We/I consent to the rendering of all necessary treatment including admission to a hospital or other appropriate health care facility, in such institutions and at such places as the Florida International University, acting through its agents or employees, deems best. I authorize the agents or employees of Florida International University to execute whatever forms might be necessary to ensure complete and adequate care of our/my child and guarantee payment of all charges incurred as a result of any medical treatment or emergency transportation deemed necessary at the time.

If this document is being signed by only one parent, I, the undersigned, affirm that I have been judicially granted sole custody of the participant. If this document is being signed by a guardian(s), I/we, the undersigned, affirm that I/we have been judicially granted legal guardianship of the participant.

_____ _____
Parent or Guardian (please print) Parent or Guardian Signature Date

_____ _____
Parent or Guardian (please print) Parent or Guardian Signature Date

_____
Home, Work and Cell Phone Number(s) of Parent(s) or Guardian(s)

_____
Address of Parent or Guardian

_____ _____
Medical/Health Insurance Company Name Policy Number/Plan Number

_____
Medical/Health Insurance Company Phone Number

In the event that a parent/guardian cannot be reached, whom shall we contact?

_____ _____ _____
Name (please print) Relation Cell phone Number