

CONSENT FOR EVALUATION/EXAMINATION OF PARTICIPANTS UNDER 18 YEARS OF AGE

I, _____ , being the parent or legal guardian of _____ give my consent to New York Tech staff to arrange for referral, transportation, and administration of emergency or urgent care, procedures, and treatment by local licensed medical facilities which are deemed necessary and in the best interest of the minor participant. This includes consent for NYIT's Academic Health Care Center and its medical staff to administer such necessary care, procedures, and treatment. As long as the medical treatment is considered necessary in the situation and is in accordance with generally accepted standard of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow (if none, so state)

Prior to prescribing treatment or referring your child / ward to an outside medical provider, NYIT will make every reasonable attempt to contact a parent or guardian.

Signature of Parent / Legal Guardian

Date

Relationship to Patient