



**EASTERN UNIVERSITY**

**Medical treatment release, release of liability & emergency contact information  
for students who are under 18 (minors)**

**Medical Treatment Release**

I, parent/guardian of \_\_\_\_\_ (PRINT name of student) understand that should medical treatment be needed, an attempt will be made to contact me, and I agree that treatment may commence at the discretion of medical personnel (nurse, nurse practitioner, medical doctor, etc.) as needed.

Legal Parent and/or Guardian Emergency Contacts (PRINT CLEARLY PLEASE):

1. Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Release of Liability**

Although my child is not of legal age, I acknowledge that he/she will be living independently at Eastern University with full expectations and responsibilities of all college students. I realize that he/she will be called upon to make independent decisions about personal behavior and will participate in activities as offered and or required. By permitting my child to become enrolled, I relieve Eastern University from all responsibility for my minor student.

This treatment authorization and release will remain in effect until the date of the student's 18<sup>th</sup> birthday arrives at 12 AM (midnight). (Only one parent/guardian signature is needed)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_