Authorization and Release for Medical Treatment of a Minor Student

Source: Student Affairs

I, the parent/legal guardian of _____, a minor student, authorize the Kansas City Art Institute and its designated representatives to obtain and consent to any medical care or treatment that is to be provided by or under the supervision of any healthcare provider and which, in such healthcare provider's judgment, is necessary for the health and well-being of the above-named student, including but not limited to medical, surgical, mental health or dental diagnosis and treatment, anesthesia, x-rays and hospital care.

I also release the Kansas City Art Institute and its respective officers, directors, employees, agents, and representatives from any and all liability arising out of any good faith actions taken in obtaining or consenting to any medical care or treatment pursuant to this authorization.

This authorization will be in effect from the date set forth below until the above-named student is 18 years of age, unless canceled in writing prior to this time.

_____

KCAI Student ID#

_____

Parent/Guardian/Guarantor Name

_____ _____

Parent/Guardian/Guarantor Signature Date