AUTHORIZATION FOR TREATMENT OF A MINOR

National Institutes of Health (NIH)
Bethesda, Maryland 20892

I hereby authorize the Occupational Medical Service at the National Institutes of Health to provide medical services related to participation in the Summer Student Program to my child,

_____.
(insert name of son, daughter, or legal dependent)

These services will be provided with the consent of my child and include a pre-placement medical evaluation, routine tests that are required for the evaluation (e.g. tuberculosis skin test, blood analysis), any work-related immunizations which may be indicated, and out-patient evaluation and stabilization of minor injuries experienced while on campus participating in program activities. These program-related services will be provided at no cost. I understand that if my child has a serious condition or requires long-term treatment or hospitalization, I shall be notified so that arrangements can be made to refer him or her to our private physician or clinic for further care.

Signature: _____ Date: _____
(Parent or Legal Guardian)

Printed Name: _____
(Parent or Legal Guardian)

Address: _____

Telephone: (H) _____ (W) _____

Minor's Name: _____ Minor's SSN (Last 4 digits only): ____

Original must be returned to Occupational Medical Service, 10 Center Dr., Building 10, Room 6C306, Bethesda, MD 20892