

# Kettering University Recreation Services Authority To Provide Emergency Medical Treatment

I, \_\_\_\_\_, the parent or legal guardian of  
(parent/legal guardian's name)

\_\_\_\_\_ have authorized \_\_\_\_\_  
(minor's name) (accompanying adult—NOT Rec. Center or Kettering Univ.)

to provide emergency medical care to my child while using the Recreation Center  
at Kettering University. This authorization is valid from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (not to exceed one year).

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

If you have any questions regarding policies specific to minors, please consult the Kettering  
University Guidelines or contact a member of the Recreation Center staff.