

**EMERGENCY MEDICAL
AUTHORIZATION**

As parent or guardian of the participant, I hereby authorize and give permission to A.C.E.S./Logan University or its duly authorized representative, to act on my behalf and in my stead, should my son/daughter complain of being ill, be injured or require emergency medical treatment. I understand that in the event that my son/daughter complains of being ill or is injured he/she will be taken to a hospital emergency room and examined by an emergency medical physician. I understand that every effort to contact me or my agent will be made as soon as possible and that I will be consulted in the event that hospitalization is recommended. I hold harmless A.C.E.S./Logan University, its directors, employees, and staff from all claims, demands, damages, actions or causes of actions, present or future, whether known, anticipated or unanticipated, and resulting from, rising out of, or incident to their actions pursuant to this authorization.