



OFFICE OF CAMPUS LIFE
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ATTN: First-Year students under the age of 18 and parents/legal guardians

IMPORTANT: Please read carefully

SUBJECT: Treatment authorization form

TREATMENT AUTHORIZATION WHILE PARTICIPATING IN COOT

By signing here, I authorize medical treatment, hospitalization and emergency transportation for my child as deemed necessary by the trip leaders.

I recognize that the cost of medical treatment, emergency transportation, and hospitalization may need to be covered by myself or my insurance provider.

Signature of parent or legal guardian

Date

Printed name of parent or legal guardian

Printed name of student

Please complete, sign and fax to:

COOT Coordinators
Office of Campus Life
(207) 859-4285