

## Parental Consent Form Treatment of a Minor

Authorization is hereby given to the Center for Well-Being, including Health Services and Counseling and Psychological Services, to provide care for

\_\_\_\_\_, \_\_\_\_\_, a minor  
MINOR'S NAME DATE OF BIRTH

in my absence. I may be reached at

\_\_\_\_\_ or \_\_\_\_\_ for verification.  
PHONE NO. ALTERNATE PHONE NO.

This form is valid for all needed medical and psychological treatment

for \_\_\_\_\_ or \_\_\_\_\_ to \_\_\_\_\_.  
SPECIFIC DATE DATE STUDENT'S 18<sup>th</sup> BIRTHDAY

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
City, State, Zip Code