

# Parental Consent for the Treatment of a Minor

Students are considered a minor and require parental consent in the following conditions:

- For mental health (including counseling, mental health in primary care, and psychiatry appointments), students 15 years of age or younger
- For all other health services, students 17 years of age or younger

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 \_\_\_\_\_  
PHONE NUMBER ALTERNATE PHONE NUMBER

for verification.

This form is valid for all needed medical and mental health treatment from:

Specific Dates: from \_\_\_\_\_ to \_\_\_\_\_  
FROM DATE END DATE

OR \_\_\_\_\_ to \_\_\_\_\_  
TODAY'S DATE 16th or 18th BIRTHDAY, depending on services utilized

\_\_\_\_\_  
SIGNATURE (Parent or Guardian) DATE

\_\_\_\_\_  
PRINTED NAME (Parent or Guardian) STREET ADDRESS

\_\_\_\_\_  
RELATIONSHIP TO MINOR CITY, STATE, ZIP CODE

## Center for Well-Being

Mail received at: 2115 Summit Avenue, Saint Paul, MN 55105  
Phone: (651) 962-6750 • Fax: (651) 962-6751 • Email: centerforwellbeing@stthomas.edu