AURORA UNIVERSITY
Wellness Center
630-844-5434 • 630-844-5611 (fax)

Minor Consent Form for Wellness Center Services

Minor's Name _____

Date of Birth _____ Age _____

Address / State / Zip code _____

Phone _____

Parent / Guardian's Name _____

Address / State / Zip code _____

Phone _____

Emergency Contact _____

Phone _____ Relationship _____

Alternate Contact _____

Phone _____ Relationship _____

I, the parent or guardian of the above minor, authorize and consent for my son or daughter to receive assessment and treatment within the Wellness Center at Aurora University as needed.

Signature _____ Date _____