



Consent to Treat Minors Form

(Complete only if student is under 18 years old)

I, _____ being the parent or legal guardian of _____ give my consent for both emergency and routine medical treatment at CCU Health Services should his/her condition so require, per the judgment of the CCU Health Services care provider as long as the treatment is considered necessary in the situation, and is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved. I impose no specific limitations or prohibitions regarding treatment other than as follows: (if none, so state).

I understand that the authorization is good until the time in which the minor named above reaches his/her 18th birthday. Please note that this authorization is only required if the student will not be 18 years of age on the first day of classes.

Signature of parent/guardian: _____ Date: _____

Home telephone #: _____ Work #: _____