CONSENT TO TREAT MINOR STUDENT PATIENT

If your dependent child is enrolled at Stephen F. Austin State University prior to his/her 18th birthday and you want his/her healthcare provided by the University Health Services, you must complete, sign, and return the following consent to:

Stephen F. Austin State University
Health Services
PO Box 13058
Nacogdoches, TX 75962-3058

Consent for Medical Treatment

I, _____ (print name here), am the parent/guardian of _____ (print name here), currently a minor, whose date of birth is _____/_____/_____.

I authorize the University Health Services at Stephen F. Austin State University to provide medical and/or mental health care to my son/daughter including, but not limited to, diagnostic examinations (including laboratory testing), tuberculosis screening, verification and/or administration of immunizations, any necessary medical treatment, mental health counseling, and minor surgical procedures

I further understand that, once my child reaches the age of maturity, my consent for treatment is no longer required.

By signing this I acknowledge that I have read and understand this consent, and that any questions I had prior to signing could be answered by call the University Health Services at 936-468-4008.

_____ _____
Signature Date

Emergency Phone Numbers:

( ) _____ ( ) _____
Home Work
( ) _____ ( ) _____
Cell Other Contact