



STEPHEN F. AUSTIN STATE UNIVERSITY

Health and Wellness Hub

CONSENT TO TREAT A MINOR

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 University Health Services, you must **complete, sign, and return the following consent form to:**

**Stephen F. Austin State University
Health Services
P.O. 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 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 calling University Health Services at (936) 468-4008.

Signature

Date

Emergency Phone Number: () _____