MEDICAL CONSENT FOR
TREATMENT OF A MINOR CHILD UNDER 16

Student Information:

Student Name  (please print)                                          Last Name  |  First Name  |  Middle Name  

Birth Date  ________________  Dawg Tag #  ________________

Student Phone Number  (____ )  __________________________

Parent/Guardian Information:

Parent/Guardian Name  ________________________________  Relationship to Student  ____________________

Country  ____________________  Email:  ______________________________

Parent/Guardian Phone Number  (____ )  __________________________

I, the parent/legal guardian of  ______________________________________, hereby authorize and give my express consent to the professional staff of the Student Health Services of Southern Illinois University, Carbondale to provide to my child the following medical test or treatments:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

I understand the need for the proposed procedures and have been given an explanation of the benefits and risks of this proposed treatment, alternative treatments, and no treatment. I have been given the opportunity to ask questions and have had them answered.

I also understand that additional fees may be charged for some services and agree to be financially responsible for such charges.

I understand that additional fees, as discussed may be assessed and agree to be financially responsible for such charges.

Signature of Parent/Guardian  __________________________________________  Date  ________________

Printed Name of Parent/Guardian  __________________________________________

Relationship to Patient  ______________________________

When verbal consent to the above statement is obtained, there must be Signature of two witnesses to the verbal consent and both must sign below.

Signature of Witness 1  __________________________________________  Date  ________________

Signature of Witness 2  __________________________________________  Date  ________________