Texas A&M University Student Health Services

CONSENT FOR MEDICAL TREATMENT OF A MINOR

(Information and consent for treatment of a student 17 years of age or younger.)

If a new/transfer student will be under the age of 18 on the first day of university classes, the following form is required in order to provide legal consent for any possible medical care should it be necessary. Please complete and return this form to **TAMU Student Health Services, ATTN: Patient Services, M.S. 1264, College Station, Texas, 77843**
(979) 458-8310, (979) 458-8319 Fax

Name of Minor: _____

Date of Birth: _____ **UIN or SSN:** _____

Address (Street, City, State, Zip Code): _____

_____

Parent/Guardian Name: _____ **Relation to minor:** _____

Phone number: ( ) _____ ( ) _____ ( ) _____
Home Cell Work

I, _____, the natural parent/legal guardian of _____ (a minor), give my consent for medical and/or surgical treatment of this minor by a licensed health care professional should the need arise while he/she is attending Texas A&M University. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. I grant permission for treatment provided according to generally accepted standards of medical practice. This consent will be in effect from this date until minor is 18 years of age unless cancelled earlier by me in writing.

_____ **Date:** _____
Signature of Parent/Legal Guardian

Medical Information related to Minor:

Allergies: _____

Current Medications: _____

Date of Last Tetanus Booster: _____

Pertinent Medical History: _____

_____

_____

FOR CLINIC USE ONLY

Parental/guardian consent for treatment was obtained by telephone from:

_____ _____
Name of Parent/Legal Guardian **Time and Date**

By _____ **AND**
Signature of Nurse Obtaining Consent

By _____
Signature of Nurse Obtaining Consent