

Parental/Guardian Consent to Treat Minor Child or Adult with Guardianship

(A minor is defined as any student/patient who is under the age of 18. Exceptions to this are made in circumstances in which the North Dakota State Law allows minors to seek certain healthcare services without parental consent.)

PATIENT/STUDENT INFORMATION

NAME _____
Last First Middle Initial Former (if applicable)

BIRTHDATE _____ NDSU ID # _____ PHONE # _____
Month/Day /Year

LOCAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN COMPLETE THE FOLLOWING

- I grant Student Health Service healthcare providers and other health care staff permission to provide routine, emergency or urgent care and treatment should medical attention be necessary while my student is enrolled at North Dakota State University.
- I further give healthcare staff permission to contact my student's primary healthcare provider regarding past medical and medication history, if necessary.
- It is understood that this authorization is given in advance of any specific diagnosis, treatment or medical care being required.
- The authorization for a minor shall remain effective until the minor child reaches his/her 18th birthday.
- The authorization for adult with guardianship shall remain effective for one year from the effective date listed below.
- This authorization may be revoked by written notice delivered to the Student Health Service.

EFFECTIVE DATE: month: _____ day: _____ year: _____

 PARENT/GUARDIAN - PRINTED NAME RELATIONSHIP TO STUDENT

 PARENT/GUARDIAN - SIGNATURE DATE SIGNED

 LOCAL ADDRESS PHONE #

 CITY STATE ZIP

PLEASE RETURN DOCUMENT TO:

NDSU Student Health Service
 Dept. 2842 PO Box 6050
 Fargo, ND 58108-6050
www.ndsu.edu/studenthealthservice

Phone: 701-231-7331
 Fax: 701-231-6132
 Email: ndsu.studenthealthservice@ndsu.edu