

Consent to Treat Minor Child (Parent/Guardian Authorization)

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 INFORMATION:

Name _____
Last First Middle initial Former

Birthdate _____ NDSU ID # _____ Phone # _____
Month/Day/Year

Local address _____

City _____ State _____ Zip _____

PARENT/GUARDIAN COMPLETE THE FOLLOWING:

I grant the Student Health Service health care providers and other health care staff (nursing, pharmacy, radiology and lab) permission to provide routine, emergency or urgent care and treatment for my child should medical attention be necessary while my child is enrolled at North Dakota State University. I further give health care staff permission to contact my child's primary health care 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 shall remain effective from the date stated below, until the minor child reaches his/her 18th birthday, unless sooner revoked by written notice delivered to the Student Health Service.

Effective date _____ Patient/student's 18th birthday _____
Month/Day/Year Month/Day/Year

Parent/guardian _____
Print name Relationship to student

Parent/guardian _____
Signature Date

Local address _____ Phone # _____

City _____ State _____ Zip _____

PLEASE RETURN DOCUMENT TO:

NDSU Student Health Service
 Dept. 5150 PO Box 6050
 Fargo, ND 58108-6050
 Phone: 701-231-7331
 Fax: 701-231-6132