

# 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 18<sup>th</sup> birthday.
- The authorization for adult with guardianship shall remain effective for the remainder of the student's academic career at NDSU.
- 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](http://www.ndsu.edu/studenthealthservice)

Phone: 701-231-7331  
 Fax: 701-231-6132  
 Email: [ndsu.studenthealthservice@ndsu.edu](mailto:ndsu.studenthealthservice@ndsu.edu)