

ILLINOIS STATE UNIVERSITY STUDENT HEALTH SERVICES

201 N. University St, Campus Box 2540

Normal, Illinois 61790

Phone (309) 438-8655 Fax (309) 438-5205

Secure Electronic Submission: <http://healthservices.illinoisstate.edu/medical-services/submitrecords.php>

Authorization and Consent for Treatment of Minors

To be completed by parent or guardian if student is less than 18 years of age when seeking healthcare services from I.S.U. Student Health Services.

As the parent/legal guardian of (print student's name): _____,

I hereby authorize and give my express consent to I.S.U. Student Health Services for the administration of medical treatment for illness or injury, physical or mental health counseling and routine health maintenance to the above-named student, as deemed necessary in the sole clinical discretion of members of I.S.U Student Health Service's professional staff. This staff includes, but is not limited to, physicians, nurse practitioners, physician's assistants, registered nurses, licensed practical nurses, x-ray technologists and laboratory technicians.

Student's Date of Birth: _____

Student's University Identification Number: _____

Signature (Parent/Legal Guardian)

Date

Printed Name (Parent/Legal Guardian)

Phone Number (Parent/Legal Guardian)

Alternate Phone Number (Parent/Legal Guardian)