

CONSENT TO TREATMENT FOR A MINOR

TO BE COMPLETED BY THE STUDENT

STUDENT NAME	DATE OF BIRTH
PHONE NUMBER	UT EID

To complete this form on your computer without having to print it out first, download and open the form in Adobe Reader. Then complete the form, sign it, save it, and send it back to us electronically.

The undersigned minor, less than eighteen (18) years of age, hereby consents to medical treatment at University Health Services (UHS) by UHS providers and/or other appropriate UHS staff.

The undersigned minor has legal power to consent to medical care because the minor (CHECK ONE OR MORE):

is on active duty with the armed forces of the United States of America,

is 16 years of age or older and resides separate and apart from his/her parents, managing conservator, or guardian (whether with or without the consent of the parents, managing conservator, or guardian and regardless of the duration of the residence), and is managing his/her own financial affairs (regardless of the source of the income).

is consenting to diagnosis and treatment of any infectious, contagious or communicable disease which is reportable to the Texas Department of Health.

is unmarried and pregnant and is consenting to medical treatment related to the pregnancy.

is consenting to examination and treatment for drug addiction, drug dependency, or any other condition directly related to drug use.

is consenting to counseling for suicide prevention, chemical addiction or dependency, or sexual, physical or emotional abuse.

is an emancipated minor.

I certify that I have read and fully understand the foregoing consent, that the facts indicated above are true, and that all blanks or statements requiring insertion or completion were filled in before I signed.

SIGNATURE OF PATIENT (MINOR)	DATE
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If you do not meet at least one of the criteria above, a parent or guardian needs to complete this section.

I, the undersigned, as the parent or legal guardian of _____ (a minor) hereby authorize and consent for any medical care provided at University Health Services of such minor as may be considered necessary or appropriate, including diagnostic, medical, therapeutic, surgical and/or anesthetic.

- I understand that health care at UHS is provided by physicians, nurse practitioners, physician assistants, integrated health counselors, physical therapists, registered dietitians, and other professional staff.
- This consent is continuing unless revoked in writing.

SIGNATURE OF PARENT/GUARDIAN	PRINT NAME OF PARENT/GUARDIAN	DATE
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To be completed by UHS staff

Condition was urgent. Parent/guardian consent for treatment was obtained by phone.

NAME OF PARENT/GUARDIAN	PHONE NUMBER OF PARENT/GUARDIAN
SIGNATURE OF STUDENT CONFIRMING INFORMATION IS CORRECT	DATE
SIGNATURE OF UHS STAFF MEMBER	DATE