STUDENT HEALTH SERVICES
THE UNIVERSITY OF NORTH DAKOTA

John A. Swenson Student Health Services
McCannel Hall, Room 100
2891 2nd Avenue N., Stop 9038
Grand Forks, ND 58202-9038
Phone: 701.777.4500 Fax: 701.777.4835

Medical Record #_____

# CONSENT TO TREAT MINOR CHILD[1] – PARENT/GUARDIAN AUTHORIZATION

## Patient/Student Information

**Patient/Child Name:** _____

**Local Address:** _____

**City:** _____ **State:** _____ **Zip Code:**_____

**Local Phone:** _____ **W:**_____ **Cell:** _____

**Date of Birth:** _____/_____/19_____ **UND ID#** _____

## Parent/Guardian Complete the Following

I grant the University of North Dakota Student Health Services healthcare providers, and other licensed healthcare staff, permission to provide routine, emergency, or urgent care and treatment, for my child should medical attention be necessary while my child is enrolled at the University of North Dakota. I further give healthcare staff permission to contact my child's primary healthcare provider regarding past medical and medication history, if necessary.

_____ _____
**Parent/Guardian** (Print) **Relationship to Student**

_____ _____
**Parent/Guardian** (Signature) **Date**

**Parent Address:**_____

**City:** _____ **State:** _____ **Zip Code:**_____

**Phone: (H)** _____ **(W)** _____ **(Cell)** _____

**Comments:**

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