STUDENT HEALTH SERVICES
TEXAS WOMAN'S UNIVERSITY

Authorization and Consent for Medical Treatment of a Minor at Texas Woman's University

Dear Parent(s):

School records indicate that your student enrolled at Texas Woman's University is a minor. We will need a parent(s) / guardian(s) signed permission to treat him / her at the Student Health Services should the need arise.

Please complete the following:
I hereby give my consent for medical treatment of _____, who is _____years of age, in the event that such treatment becomes necessary. I grant my permission for treatment at Texas Woman's University Student Health Services by a licensed physician, licensed nurse practitioner, and/or designees, including such personnel as the physician may deem necessary. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. I grant permission for treatment provided according to generally accepted standards of medical practice.

This consent will be in effect from this date until minor is 18 years of age unless cancelled earlier by me in writing.

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

Student's Full Name _____
(Last) **(First)**

Address _____

Telephone Where Parent or Guardian May Be Reached:

Mother/Guardian

Home: (_____) _____ Business/Mobile: (_____) _____

Father/Guardian

Home: (_____) _____ Business/Mobile: (_____) _____

Student's Birth date: _____ **Student ID Number:** _____

Allergies to Medication or Foods: _____

_____

Medications Currently Taking: _____

_____

Any other pertinent medical information: _____

_____

Complete and mail or fax to:

Student Health Services
604 Administration Drive
Denton, TX 76204-5467
Fax: (940) 898-3826
Immunization@twu.edu