



MWSU Vinson Health Center

Consent for Treatment of a Minor

(Information and consent for treatment of a student 17 years of age or younger)

If a new/transfer student will be under the age of 18 on the first day of university classes, the following form is required in order to provide legal consent for any possible medical care should it be necessary. Please complete and return this form to: **MWSU Vinson Health Center: 3410 Taft Blvd. Wichita Falls, Texas 76308**

(940) 397-4231, (940) 397-4504 Fax

Name of Minor: _____

Date of Birth: _____ MIN or SSN: _____

Address (Street, City, State, Zip Code): _____

Parent/Guardian Name: _____ Relation to Minor: _____

Phone Number: () _____ () _____ () _____
Home Cell Work

I, _____, the natural parent/legal guardian of _____ (a minor), give my consent for medical and/or surgical treatment of this minor by a licensed health care professional should the need arise while he/she is attending Midwestern State University. 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.

Signature of Parent/Legal Guardian Date: _____

Medical Information Related to Minor:

Allergies: _____

Current Medications: _____

Pertinent Medical History: _____

For Clinic Use Only

Parental/Guardian consent for treatment was obtained from:

Name of Parent/Legal Guardian Date

By _____
Signature of VHC Staff member obtaining consent