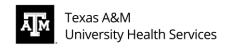


Please return this form by:

Consent for Medical Treatment of a Minor

Texas law generally requires a parent or legal guardian to consent to the medical treatment of a minor. If your child is enrolled at Texas A&M University – College Station campus prior to their 18th birthday and you would like their healthcare to be provided by University Health Services, please complete the information below.

Fax: Email:	(979) 458-8319 uhspatientservices@tamu.edu	Mail:	A.P. Beutel Health Center 1264 TAMU College Station, Texas 77859-1264
Studer	nt Name:	Student ID Nu	mber/UIN:
Date o	f Birth:	Address:	
Parent	:/Guardian Name:	Relationshi	p:
Phone	Number:		
Pertino	eread, complete and sign below ent Medical History or Allergies:		
,	read, complete and sign below , the pa		(minor), give my
the neonot an permismy mirappropereleasi reques	ed arise while he/she is attending exact science and that no guarant sion for treatment to be provided nor child requests to have his/her priate professional outside of University to the treatment records to the treatment records main to the treatment records main.	Texas A&M University. I tees can be made concerd according to generally a treatment records reviewersity Health Services, I at other physician or appetained by University Health Stomy minor child. The	consent to University Health Services propriate physician. If my minor child olth Services, I consent to University Health is consent will be in effect from this date
Signat	ture of Parent/Legal Guardia	 n	 Date



Office Use Only

This form may be used to obtain the consent of a minor's parent or legal guardian by telephone when the parent/guardian is not or cannot be present or sign the above consent. The parent or legal guardian should be informed that this consent will be in effect until the minor student reaches 18 years of age unless the parent or legal guardian revokes this consent earlier in writing.

Printed Name of Parent or Legal Guardian	Time & Date of Call	
Home Phone Number of Parent or Legal Guardian	Relationship	
Printed Name of Staff	Signature of Staff	
	University Health Services Processed by: Date	