



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.

Please return this form by:

Fax: (979) 458-8319

Email: uhspatientservices@tamu.edu

Mail: A.P. Beutel Health Center

1264 TAMU

College Station, Texas 77859-1264

Student Name: _____ Student ID Number/UIN: _____

Date of Birth: _____ Address: _____

Parent/Guardian Name: _____ Relationship: _____

Phone Number: _____

Please read, complete and sign below:

Pertinent Medical History or Allergies:

Please read, complete and sign below:

I, _____, the parent/legal guardian of _____ (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 Texas A&M 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 to be provided according to generally accepted standards of medical practice. If my minor child requests to have his/her treatment records reviewed by a physician or another appropriate professional outside of University Health Services, I consent to University Health Services releasing those treatment records to that other physician or appropriate physician. If my minor child requests a copy of his/her records maintained by University Health Services, I consent to University Health Services providing a copy of those records to my minor child. This consent will be in effect from this date until the minor student reaches 18 years of age, unless cancelled earlier by me in writing.

Signature of Parent/Legal Guardian

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 USE ONLY | |
| Processed by: | Date: |
| _____ | _____ |