

Parental Consent for Treatment and Care of Minors

Student Name

Student ID/Z#

Student Date of Birth

Florida Atlantic University provides primary and urgent medical care through Student Health Services. If my student requires medical care, it is my student's responsibility to make an appointment and to provide copies of pertinent medical records (or provide requisite authorizations) as necessary.

Please review the following. If in agreement, please initial and sign below.

- _____ I concur with the above and authorize the healthcare team at FAU Student Health Services to employ diagnostic procedures and render any treatment or care deemed necessary or recommended to the health and well-being of my student, including emergency treatment, while he/she is attending FAU. I grant permission for the transfer of my student to an accredited hospital or other care facility, or referrals to specialists, if deemed necessary or recommended by the medical provider.
- _____ I authorize the administration of vaccinations to my student while he/she is attending FAU, to promote health and wellness.
- _____ I consent for a chaperone to be present for all sensitive exams per FAU SHS policy.

Signature of Parent/Guardian

Date

In the event I am not available at a time my minor student requires medical care, I give the parties listed below the authority to seek and authorize care.

Alternate Parties Authorized to Consent for Medical Care for Minor

Date _____

