

Medical Consent for Treatment of a Minor Child

Student Health Center · Information Management

Mailcode 6740 · 374 East Grand Avenue · Carbondale, IL 62901

Ph: 618/453-3311

If your student is under age 18 at time of enrollment, please complete and submit this form to the Student Health Center.

Student Information

Name (last, first, middle)		Birth Date	Social Security #
Address		City	State
Home Phone	Campus Phone	E-mail	

I, the parent/legal guardian of _____, hereby authorize and give my express consent to the physicians and medical staff of the Student Health Center of Southern Illinois University Carbondale to provide to my son/daughter treatment of emergency or urgent medical, dental, and/or psychological problems and to provide such other medical/dental/psychological care that might be deemed necessary to his/her health and well-being, including, but not limited to, immunizations, medications, x-rays, laboratory tests, and anesthesia. When necessary for executing such care, permission for hospitalization at an accredited hospital is granted. Informed consent for such may be obtained directly from my son/daughter.

Signature of Parent or Guardian

Date

When verbal consent to the above statement is obtained, there must be two witnesses to the verbal consent and both must sign and date below.

Signature of Witness

Date

Time

Signature of Witness

Date

Time