

## CONSENT TO TREAT A MINOR IN PARENTAL ABSENCE

Dear Parent or Legal Guardian: This Consent Form is for any parent/guardian of a Messiah University student who is under the age of 18. Students under the age of 18 are considered minors under the laws of Pennsylvania. Therefore, if your child needs specific medical treatment, including the administration of medication while they are registered at Messiah University, your consent is required before the treatment can be provided. This Consent will remain valid until your child reaches eighteen (18) years of age. The purpose of this Consent Form is to obtain permission from the parent or legal guardian for the Messiah University Engle Center to treat a student who is under the age of 18 and therefore legally a minor.

Name of Student: \_\_\_\_\_ Date of Birth (m/d/y): \_\_\_\_/\_\_\_\_/\_\_\_\_

CONSENT: Messiah University Engle Health and Counseling Center has my permission to evaluate and treat my child, who is legally a minor, in the event of medical emergency or standard medical need. I reserve the right to request and receive records of care after it is delivered until the child is 18.

Printed Name of Parent/Guardian of Minor \_\_\_\_\_

Relationship \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date(m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

Work or Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Student ID Number \_\_\_\_\_

If you have any questions regarding your health information and/or need assistance, please contact the Engle Health Center at (717)691-6035. One University Ave. Mechanicsburg, PA, 17050 Fax 717-691-2344