



HEALTH & COUNSELING CENTER

PARENT / GUARDIAN CONSENT TO TREAT MINOR

Utah Law requires the consent of the parent/legal guardian for medical care of minors. If your son/daughter/dependent is enrolled at Dixie State University prior to his/her eighteenth birthday and you want them to receive services at the DSU Health & Wellness Center, you must first complete and return the following consent form to:

DSU Health & Counseling Center
1037 East 100 South
St. George Utah, 84770

or Fax to: (435) 652.7757

Consent for Treatment

I, _____ am the parent/legal guardian of _____,

Please Print Name

Students Name

Male/Female, DOB _____, Student ID # _____
mm/dd/yyyy

I authorize DSU Health & Counseling Center to provide medical and or mental health services to my son/daughter/dependent, including, but not limited to diagnostic examinations (including radiological and laboratory testing), tuberculosis screening, verification and or administration of immunizations and necessary medical treatment (including minor surgical procedures) and mental health counseling.

I authorize DSU to prescribe or dispense non-controlled substances/medications should my son/daughter/dependent need such non-controlled substances/medications to treat their ailment.

I understand that, should my minor child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such care is initiated.

I understand that DSU will transport my son/daughter/dependent for all emergency care service and is not responsible for any such care or expense that arise from such emergency care.

I further understand, that once my son/daughter/dependent reaches the age of majority, my consent for treatment is no longer required.

By signing this I acknowledge that I have read and understand this consent and that any questions I have prior to signing could be answered by contacting the DSU Health & Counseling Center.

My contact information is:

Phone number _____ Email _____

Signature

Date