

Student Health and Wellness Center



Dear Parent (s) or *Legal* Guardian

Records indicate that your student enrolled at UNT is a minor. It is necessary to have a consent to treat on file at the Student Health and Wellness Center if services are needed at our facility.

Please complete the following:

I grant permission for the UNT Student Health and Wellness Center to treat: _____ (Name of Minor-Printed) as may be deemed necessary; and in the event of an emergency, to refer to private care if special service is indicated.

By signing this consent to treat the above named minor I represent to the Student Health and Wellness Center that I have legal authority to give Consent to treat this minor.

Date

Parent or *Legal* Guardian's signature

Minor's DOB

Student's Social Security Number

Please return the completed form to:

Medical Records Department
UNT Student Health Center
P.O. Box 305160
Denton, Texas 76203-5160

Thank you,

Linda Maughan
Medical Records Supervisor

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