

# CONSENT TO TREAT A MINOR PATIENT



Because Arizona law requires consent of parent/legal guardian for medical care of minors, if your son or daughter is enrolled at the University of Arizona prior to his/her eighteenth birthday and you want his/her healthcare provided by Campus Health Service, you must first complete and return the following consent to:

University of Arizona  
Campus Health Service  
P.O. Box 210095  
Tucson, Arizona 85721-0095  
Fax: 520-626-4301

Or upload to our website: [www.health.arizona.edu](http://www.health.arizona.edu) > Travel & Immunizations > Upload Immunization requirements

## **Consent for Medical Treatment**

I, \_\_\_\_\_ am the parent/legal guardian of  
*Please Print Name*

\_\_\_\_\_, \_\_\_\_\_ currently a minor, whose  
*Name of Student* *Gender*

date of birth is \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

I authorize the University of Arizona Campus Health Service to provide medical and/or mental health care to my son/daughter, 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 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 further understand that, once my child reaches the age of majority, my consent for treatment is no longer required.

By signing this, I acknowledge that I have read and that I understand this consent, and that any questions I had prior to signing could be answered by calling Campus Health Service at 520-621-7428.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Emergency Contact Numbers:

Home: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_