

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 Utah Tech University prior to his/her eighteenth birthday and you want them to receive services at the UT Health & Wellness Center, you must first complete and return the following consent form to:

| consent form to: | |
|---|---|
| Utah Tech University Booth Welli 1037 East 100 South St. George Utah, 84770 | ness Center or Fax to: (435) 652.7757 |
| Consent for Treatment | |
| I, am th | e parent/legal guardian of, |
| Please Print Name | Students Name |
| Male/Female, DOBmm/dd/yyyy | , Student ID # |
| son/daughter/dependent, including, bullaboratory testing), tuberculosis screen | nter to provide medical and or mental health services to my it not limited to diagnostic examinations (including radiological and ing, verification and or administration of immunizations and necessary ical procedures) and mental health counseling. |
| | prescribe or dispense non-controlled substances/medications should my-controlled substances/medications to treat their ailment. |
| I understand that, should my minor chil made to contact me before such care is in | d need more invasive diagnostic or surgical procedures, attempts will be litiated. |
| | enter will transport my son/daughter/dependent for all emergency care ch care or expense that arise from such emergency care. |
| I further understand, that once my son/d is no longer required. | laughter/dependent reaches the age of majority, my consent for treatment |
| By signing this I acknowledge that I have signing could be answered by contacting | e read and understand this consent and that any questions I have prior to the UT Health & Counseling Center. |
| My contact information is: | |
| Phone number | Email |
| Signature | |