



Consent for Services on Behalf of an MU Student who is a Minor

This consent form is to help service providers (including, but not limited to: physicians, emergency room teams, health services, counselors, intercultural services, etc.) provide services or treat your student for any accident, illness or injury sustained while they are enrolled at Manchester University as a Minor (under 18 years of age).

To help your student receive the care s/he may need, please complete this consent form. It will be kept on file and will be sent with your student to the appropriate facility or otherwise transmitted so services can be provided without delay. This consent will remain in effect until the below named minor reaches the age of 18 or when Manchester University receives written revocation.

I (We) _____
Printed Name(s) of Parent(s) or Guardian(s)

of _____, _____, _____
(City) (State) (Country)

do hereby affirm that I am (we are) the parent(s) or legal guardian(s) of _____
(Printed Name)

a Minor, age _____, born on _____ who currently attends Manchester University in the town of North Manchester, state of Indiana, USA to consent to any necessary services (including, but not limited to, examinations, counselling, anesthesia, medical diagnosis, surgery or treatment, and /or hospital care to be rendered to the above Minor).

I/we understand that the Manchester University faculty/staff will make reasonable attempts to contact me/us before proceeding. I/we give permission to the service and health care providers selected by Manchester University to administer services, treatments, and/or hospitalizations, for the above named Minor student.

As the parent/guardian of the above named Minor student, I/we have read, understand, and agree to all of the terms as stated above.

 Signature of Parent/Guardian Relationship Date

 Signature of Parent/Guardian Relationship Date

 Parent/Guardian Telephone Numbers/E-mail addresses

 Signature of Student Date

Student's Allergies, Medications, or Other Pertinent Medical Information: _____

Student's Physician: _____ Phone No.: _____