Parental/Guardian Consent for Treatment of Students Age 17 Years and Younger

The law requires that parental permission be obtained in order to provide medical or surgical care to minors. This consent form should be signed by the parents so that medical care may be carried out promptly without unnecessary delays. I hereby authorize the physicians, clinicians, and staff nurses of VCU Student Health Services to examine, interview, test and, if necessary, treat my son/daughter as they deem advisable.

___________________________________________
Signature of Student’s Parent/Legal Guardian

___________________________________________
Print Parent/Legal Guardian Name

__________________________
Parent/Legal Guardian Telephone Number

___________________________________________
Print Student’s Name

__________________________
Student’s V#