



VCU

**Virginia Commonwealth University
Division of Student Affairs
University Student Health Services**

VCU Sports Medicine Center,
1300 W. Broad Street, Suite 2200
Box 842022
Richmond, Virginia 23284-2022

804 828-8828 • Fax: 804 828-1093
TDD: 1-800-828-1120

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

Date

Print Parent/Legal Guardian Name

Parent/Legal Guardian Telephone Number

Print Student's Name

Student's V#