UNIVERSITY OF MINNESOTA DULUTH

TREATMENT of a MINOR, CONSENT and AUTHORIZATION FOR UMD HEALTH SERVICES

If you have questions, call Health Services 218-726-8155.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

Student Information

Student last name:	First:	Middle:
Student ID number:	Date of Birth:	Phone:

Parent/Guardian Permission:

The following consent should by signed by a parent or legal guardian of a minor attending classes at the University of Minnesota, Duluth so appropriate routine diagnosis and treatment may be rendered, and so unnecessary delays will not occur with an emergency or operative procedure. No surgical procedure will be performed, except in an emergency, without a parent or guardian being contacted and fully informed, if reasonably possible. In signing below I give the University of MN, Duluth Health Services permission to treat my son/daughter while they are a registered student at UMD. I may revoke this consent at any time with written notice to UMD Health Services.

I give permission for my son/daughter to receive necessary medical, mental health or emergency treatment at UMD Health Services or an authorized hospital/medical facility while an enrolled student at UMD. I understand that any medical case has risks and benefits, but these cannot be fully described here in anticipation of any potential treatments or procedures.

Print name:	Relationship to Student:
Signature:	Date:

List two persons to be notified in case of an emergency. (one should be a parent or guardian)

Name:	Name:
Busiess Phone:	Busiess Phone:
Home Phone:	Home Phone:

Students under the age of 18 cannot be treated for health related services without consent. Exceptions to this are governed by Minnesota Statutes, Chapter 144. Exceptions are summarized below and all other treatment requires parental/guardian consent. **Note: this consent and authorization will expire when the minor turns 18 years of age.**

Conditions When Parental Consent Is Not Needed for Treatment of Minors (Place X next to statute, if appropriate)

____ 144.341 Living apart from parents and managing financial affairs, consent for self.
____ 144.342 Marriage or giving birth, consent for health service for self or child.
____ 144.343 Pregnancy, venereal disease, alcohol or drug abuse, abortion.
____ 144.344 Emergency treatment.
____ 144.3441Hepatitis B vaccination.
____ 144.345 Representations to persons rendering service.
____ 144.346 Information to parents.
____ 144.347 Financial responsibility.

For a full legal description of the above Minnesota Statutes, please use the following link: https://www.revisor.mn.gov/statutes/

Student Printed Name:	Date of Birth:
Student Signature:	Date:

Please return to:
UMD Health Services
615 Niagara Court
Duluth, MN 55812
Phone: 218-726-8155 Fax: 218-726-6132

Office Use Only
Date Received:
UMD HS Staff Initials:
Medical Record Noted: