

## RUTGERS STUDENT HEALTH PARENT/GUARDIAN AUTHORIZATION/CONSENT TO TREAT MINOR CHILD

## **Patient/Student Information**

Name
Address
Local or Cell Phone
Date of Birth
RU ID# (if available)
New Jersey State Law requires that parental permission be obtained in advance for the diagnosis/treatment of a minor.
Parent/Guardian complete the following:
Yes, I give permission for the staff at Rutgers Student Health (medical and mental health professionals) to perform a diagnostic evaluation and provide treatment for my son/daughter while enrolled at Rutgers.
I certify by my signature that I understand the nature of this consent and <u>voluntarily</u> agree to its provisions. I understand I can withdraw my permission in writing at any time.
No, I do not give permission for the staff at Rutgers Student Health (medical and mental health professionals) to provide medical care for my son/daughter. For medical issues, please contact:
Name
Relationship to Student
Phone (Home, Work, Cell)
Parent/Guardian Name
Parent/Guardian Signature
Date
Please email, fax, or mail form to:
Hurtado Health Center 11 Bishop Place New Brunswick, NJ 08901
Fax: 732-932-8255 Email: health@echo.rutgers.edu

Rev 8/18 58.3

For questions regarding this form, please contact: 848-932-7402