



Sam Houston State University Health Center
 1528 Avenue J
 Huntsville, Texas 77341
 Phone: (936)294-1805
 Fax: (936)294-1804

Consent for the Medical Treatment of a Minor

Last Name	First Name	MI	SHSU ID#	Birth date
			()	()
Home Address	City	State	Zip	Home Phone
			()	() ()
Name of Parent/Guardian	Relationship to Child	Home Ph#	Work Ph#	Cell#
Emergency Contact		Relationship to Child		
()	()	()		
Home Ph#	Cell Ph#	Work Ph#		

The SHSU Student Health Center and/or nearest medical facility is hereby authorized to render primary medical care to my son/daughter during his/her stay at SHSU.

The cost of services provided by the Student Health Center for your son/daughter while attending SHSU is the responsibility of the parent or guardian.

Payment is required at the time medical services are rendered. A receipt with information necessary for insurance reimbursement is provided to each patient. Additional information can be provided as necessary.

Please sign below hereby agreeing to the conditions stated above:

Parent/Guardian _____ Relation to Minor _____ Date _____

To be completed by Health Center Staff when verbal consent is obtained.

Verbal Consent Received on _____ by _____ as witnessed by:
 Date parent/guardian

_____ and _____

Staff Signature

Staff Signature