



## Consent to Treat Minor Patients

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **UDID:** \_\_\_\_\_

State of Delaware law requires the consent of a parent/guardian for medical care of persons under 18 years of age. If your dependent is a student at the University of Delaware, or attending a program at the University of Delaware, the information below must be completed before medical treatment can be provided.

I, \_\_\_\_\_ (please print), am the parent/guardian of the above-named dependent who is currently a minor.

I authorize Student Health Services / Center for Counseling and Student Development, University of Delaware, to provide medical and/or mental health care to my dependent, including but not limited to, diagnostic examinations, medical treatment, and mental health counseling. I give permission to bill my child's health insurance or student account for any necessary health services not covered by the Wellbeing Fee. More information regarding fees and insurance can be found on the Student Health website here: <https://sites.udel.edu/studenthealth/fees/>.

I understand that if an injury/illness is determined to be life-threatening, an ambulance will be called to take my dependent to a hospital and the healthcare provider will make every effort to contact me.

I further understand that once my dependent reaches age 18, my consent for treatment is no longer required.

By my signature, I acknowledge that I have read and understand this consent, and that any questions I have prior to signing this can be answered by calling Student Health Services, (302) 831-2226.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parent/Guardian Emergency Contacts

**Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Day:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Evening:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Day:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Evening:** \_\_\_\_\_