



ASU HEALTH SERVICES

PARENTAL CONSENT FOR MEDICAL CARE FOR UNDERAGE ASU STUDENTS

Arizona law requires parental consent for medical, surgical, and psychiatric treatment of minors. IN ARIZONA, MINORS ARE DEFINED AS INDIVIDUALS UNDER 18 YEARS OF AGE.

If your son or daughter will be enrolled as an underage student at Arizona State University, you are encouraged to complete and return the medical treatment form below.

Please mail or fax all completed forms to ASU Health Services:

**ASU Health Services
PO Box 872104
Tempe, AZ 85287-2104
Fax: 480-965-6531**

CONSENT TO MEDICAL TREATMENT

_____ / ____ / ____
Student Name ASU ID # DOB (mm)(dd)(yyyy)

I, (name) _____, am the parent or legal gaurdian of the minor student above.

I hereby consent to the performance of medical or minor surgical treatment by Arizona State University Health Services medical staff on my son or daughter while he/she is an Arizona State University student.

_____ / ____ / ____ (____) _____ - ____
Parent/Legal Guardian Signature Date (mm)/(dd)/(yyyy) Phone Number

Authorized Personnel Only

In the event a student must be seen immediately at ASU Health Services but fails to have this form on record, verbal authorization may be acquired and accepted.

_____ / ____ / ____ : _____ (____) _____ - ____
Parent/Legal Guardian Name Date (mm)/ (dd)/ (yyyy) : Time of call Phone Number

_____ _____
Name ASU Staff witness printed Date (mm)/ (dd)/ (yyyy) Signature