

Marquette University 0 H G L F D O & O L Q L F
Parental Consent for Care of Students Under Age 18

Print this form and have a parent or legal guardian complete the form

The law requires that a parent/guardian grant permission for medical evaluation and/or treatment of minors (anyone under 18 years of age).

The following consent must be signed by a parent/guardian of a minor so that he/she may receive medical evaluation/treatment. No major medical or surgical procedure will be performed, except in an emergency, without the parent/guardian first being contacted.

Student Name: _____ MUID: _____

Authorization:

I concur with the above and authorize, at the discretion of _____ 0 8 0 H G L F D O & O L Q L F personnel, medical and surgical care including examinations, treatments, immunizations and the like for my son or daughter. In the event of serious disease or injury or the need for major surgery, I understand that all reasonable efforts will be made to contact me, but that failure to make contact will not prevent emergency treatment necessary to help preserve life or health.

Parent/Guardian Name: _____

Home Phone: (____) _____

Work Phone: (____) _____

Mobile Phone: (____) _____

Signature of Parent/Guardian: _____

Date: ____/____/____
M D Y

When this form is complete _____, the student must send this form to Marquette University 0 H G L F D O b & O L Q L F