



PARENT CONSENT FOR TREATMENT OF A MINOR

TO BE COMPLETED BY STUDENT/PARENT/LEGAL GUARDIAN

STUDENT NAME	DATE OF BIRTH
PHONE NUMBER	UT EID

To complete this form on your computer without having to print it out first, download and open the form in Adobe Reader. Then complete the form, print it, sign it, scan it, and send it back to us electronically.

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, the undersigned, as the parent or legal guardian of _____ (a minor) hereby authorize and consent for any medical care provided at University Health Services of such minor as may be considered necessary or appropriate, including diagnostic, medical, therapeutic, surgical and/or anesthetic.

- I understand that health care at UHS is provided by physicians, nurse practitioners, physician assistants, integrated health counselors, physical therapists, registered dietitians, and other professional staff.
- This consent is continuing unless revoked in writing.

SIGNATURE OF PARENT/GUARDIAN	PRINT NAME OF PARENT/GUARDIAN	DATE
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TO BE COMPLETED BY UHS STAFF

After receiving completed and signed parental/guardian consent:

1. **Scan/upload** into 'Consent' section of student's health record.
2. **Move** student into 'Adult' population in 'Clearances' section of student's health record.
3. **Send** student a Secure Message using text macro to inform them they are now able to schedule appointments at UHS via myUHS web portal or by calling UHS.

University Health Services

Address: 100 W Dean Keeton St, Austin, TX 78712
 Student Services Building (SSB)
 Phone: (512) 471-4955
 Hours: M-F, 8am to 5pm