



Student Health

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Student Health Complex 910 W. 10thSt. Rolla, MO 65409

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Medical Consent Form for Minors or Other Incapacitated Persons

Dear Parent or Legal Guardian:

The purpose of this consent form is to obtain permission from the parent or legal guardian for Missouri University of Science and Technology Student Health to treat a patient who is under the age of 18 and therefore legally a minor, or other incapacitated person.

Consent

Missouri University of Science and Technology Student Health has my permission to treat (name) _____

Student # _____ Date of Birth: _____

in the event of a medical emergency.

Missouri University of Science and Technology Student Health also have my permission to treat other minor illness (including administration of vaccinations such as tetanus, influenza and/or meningitis).

Print Name of Parent/Guardian Relationship

Signature Date

Street Address, City, State and Zip Phone Number