

**CLARK UNIVERSITY HEALTH SERVICES
AUTHORIZATION TO TREAT A MINOR
(Complete only if your child is under 18 years old)**

Massachusetts law requires a parent or guardian's consent for medical treatment of a minor. If your child/dependent is a student, or attending a program, at Clark University, the following form must be completed.

I, _____ am the parent/guardian of
(please print)

_____, date of birth _____,
(please print)

who is currently a minor.

I authorize Clark University Health Services to provide routine medical and/or mental health care to my child/dependent, including but not limited to, diagnostic examinations, medical treatment and mental health counseling.

I understand that if an injury/illness is determined to be life-threatening, arrangements will be made to take my child/dependent to a hospital and that Clark University Health Services will make every effort to contact me.

I understand there are certain conditions, such as pregnancy, sexually transmitted diseases and drug/alcohol addiction, for which my minor child/dependent may consent to treatment without my knowledge.

I further understand that once my child/dependent reaches the age of 18, my consent for any treatment is no longer required.

By my signature, I acknowledge that I have read and understand this authorization, and that any questions I have prior to signing can be answered by calling Clark University Health Services at 508-793-7467.

(Parent/guardian signature)

Date: _____

PARENT/GUARIDAN EMERGENCY CONTACTS:

Name: _____

Phone (day): _____

Phone (evening): _____

Phone (cell): _____

Name: _____

Phone (day): _____

Phone (evening): _____

Phone (cell): _____