

**MARYMOUNT UNIVERSITY
STUDENT HEALTH SERVICES**

Consent to Treat Minor Patients

Virginia State law requires consent of a parent/legal guardian for medical care of minors. If your son or daughter is enrolled at Marymount University prior to his/her eighteenth birthday and they seek care at the Student Health Center, you must complete and return the following consent to:

Marymount University Student Health Center
(P) 703-284-1610 (F) 703-284-3816
shealthc@marymount.edu
2807 N. Glebe Road
Arlington, VA 22207

Consent for Medical Treatment

I, _____ am the parent/legal guardian of _____
PARENT/LEGAL GUARDIAN NAME OF STUDENT currently a minor, whose date of birth is
(m/d/y) _____ / _____ / _____ and is under the age of 18 years.

I authorize Marymount University Student Health Center (MUSHC) to provide medical care to my son/daughter, including, but not limited to: diagnostic examinations (including laboratory testing), tuberculosis screening, verification and/or administration of immunizations and any necessary medical treatment. This consent can be used for emergency transportation and emergency care, authorizing MUSHC to sign all necessary papers and arrange treatment in the event MUSHC is unable to reach me.

I further agree to release Marymount University, its employees, agents, officers, staff and physicians for all loss, damage, and injury (including death), whatsoever arising in connection with medical treatment provided by MUSHC or at MUSHC's direction.

I understand that once my child reaches the age of majority, my consent for treatment is no longer required.

By signing, I acknowledge and agree that I have read and understood this consent, and any questions I have prior to signing may be answered by calling the Student Health Center at 703-284- 1610.

Student's Name

Student ID #

Parent/Guardian Signature

Date

Phone(s) *(please include country code if needed)*:

Cell: _____ Home: _____