

WASHINGTON AND LEE
UNIVERSITY

STUDENT HEALTH

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MEDICAL CONSENT FORM FOR TREATMENT OF STUDENT UNDER AGE 18

Dear Parent or Legal Guardian:

The purpose of this consent form is to obtain permission from the parent or legal guardian for the Washington and Lee University Student Health Center to treat a student who is under the age of 18, and therefore legally a minor.

The Washington and Lee University Student Health Center has my permission to evaluate and treat my minor child

(Name of Child)

(Date of Birth)

in the event of a medical emergency. I understand that every effort will be made to contact me in such a situation.

The Washington and Lee University Student Health Center also has my permission to evaluate and treat my child for minor injuries and illnesses (including administration of vaccinations such as tetanus, influenza, and/or meningitis).

This consent will remain in effect until my child's 18th birthday.

Name of Parent/Guardian of Minor (print)

Relationship

Signature

Date

Street Address

City, State, Zip

Home Phone

Work or Other Phone

(Rev. 2-20)

Founded in 1749

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