

WASHINGTON AND LEE UNIVERSITY

LINDLEY 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 Washington and Lee University Lindley Health to treat a student who is under the age of 18, and therefore legally a minor.

Washington and Lee University Lindley Health 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.

Washington and Lee University Lindley Health 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. 5-25)

Founded in 1749

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