



Consent for Medical Treatment of a Minor

Texas law requires parent/legal guardian consent for medical treatment of minors. If your student is enrolled at Texas A&M University – College Station campus prior to their 18th birthday and you would like their healthcare to be provided by Student Health Services, please complete the information below.

Please return this form by:

Fax: (979) 458-8319
Email: patientservices@shs.tamu.edu

Mail: TAMU Student Health Services
1264 TAMU
College Station, Texas 77859-1264

Student Name: _____ Student ID Number/UIN: _____

Date of Birth: _____ Address: _____

Parent/Guardian Name: _____ Relationship: _____

Phone Number: _____

Please read, complete and sign below:

Pertinent Medical History or Allergies:

Please read, complete and sign below:

I, _____, the parent/legal guardian of _____ (minor), give my consent for medical and/or surgical treatment of this minor by a licensed health care professional should the need arise while he/she is attending Texas A&M University. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. I grant permission for treatment provided according to generally accepted standards of medical practice. This consent will be in effect from this date until the minor student reaches 18 years of age, unless cancelled earlier by me in writing.

Signature of Parent/Legal Guardian

Date

SHS USE ONLY	
Processed by: _____	Date: _____