



**University of the District of Columbia
University Health Services**

Consent for Medical Treatment of Minors (Under the age of 18)

District of Columbia law requires consent of a parent / legal guardian for medical care of minors. If your son or daughter is enrolled at University of the District of Columbia prior to his/her 18th birthday and they seek care at the Student Health Center, you must complete and return the following consent to:

**University Health Services
University of the District of Columbia**

I, _____ am the parent/legal guardian of

_____ currently a minor (and is under the age of 18), whose date of birth
(STUDENT'S NAME)

is ___/___/___ authorize the Student Health Center 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 other necessary medical treatment.

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

By signing, I acknowledge that I have read and understand this consent, and that any questions I have prior to signing could be answered by calling the Student Health Center at 202 274-5030

Signature

Date

Emergency Contact: _____ Cell: _____ Work: _____