

Consent for Medical Treatment of a Minor

QUESTIONS?
440-775-8180 or
student.health@oberlin.edu
(e-mail preferred)

RETURN TO:
Oberlin College
Student Health Services
247 W. Lorain St., Suite A
Oberlin, OH 44074
OR fax to: 440-775-6404
OR e-mail: student.health@oberlin.edu
(e-mail preferred)

▶ Required of all students who are minors

To complete this form, please follow the step-by-step instructions at
<http://new.oberlin.edu/office/student-health-services/forms.dot>

Deadline: June 15

I consent to and authorize Oberlin College Student Health Services and its staff members to provide and administer medical treatment for my minor child, including, but not limited to procedures, routine advice, immunizations, allergy injections, and consultations/referrals to another health care provider in the due process of rendering care as deemed necessary or advisable.

I understand that all information regarding diagnosis and/or treatment is confidential and will not be released to any other agency or individual without my knowledge and written consent, except for insurance billing purposes and when required by law. I also understand that Student Health Services may be released from confidentiality statutes if there is a serious intent on the part of my minor child to harm him/herself or others.

I further understand that my child's provider may consult with other professionals in Student Health Services in order to provide the best treatment possible for my child. Staff may also speak with each other, as necessary, concerning my child's care, and with the Counseling Center if mental health consultation is indicated. If my child is an athlete, Student Health may also speak to the trainer or Sports Medicine doctor regarding my child's condition.

Name of Student

I have read, understand, and agree to the foregoing:

Signature

Name Printed

Relationship to Student

Date