

Student Health Center

University Student Center, Ground Floor
800 21st Street NW,
Washington, DC 20052
P | 202-994-5300 F | 202-994-2622
Healthcenter.gwu.edu

CONSENT TO TREAT A MINOR

Note: If you are a student who will be arriving on George Washington University’s campus prior to turning 18 years of age, then parental and/or legal guardian permission is needed in order to receive certain health services from the Student Health Center.

Parent/Legal Guardian Authorization to Provide Health Services to a Minor

I am the parent/legal guardian (Circle One) to _____ whose date of birth is ____/____/____.

I hereby give consent for the above-named student to receive medical care and other health services from the George Washington University Student Health Center. Medical care and health services include but are not limited to, medical assessment, diagnosis, treatment, diagnostic examinations (including laboratory testing and radiological studies), tuberculosis screening, verification and/or administration of immunizations and any other necessary medical treatment, as deemed advisable by the appropriate healthcare professionals. I give this consent freely and knowingly in order to provide for the student.

I understand that health services may be rendered to the student in my absence when the student should present for care without a parent or legal guardian.

By signing below, I agree that I have read and that I fully understand this Authorization and its terms. I also acknowledge that any questions I had prior to signing could be answered by calling the Student Health Center at 202-994-5300.

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date