



The University of Vermont
Center for Health and Wellbeing
Consent to Treat a Minor

Student Name (Last, First, MI)	<div style="text-align: center;">Last First MI</div>	Date of Birth (mm/dd/yy)	<div style="text-align: center;">_ / _ / _</div>
Student ID number:	<div style="text-align: center;">_ 9 _ 5 _ _ _ _ _</div>		

The University of Vermont Center for Health and Wellbeing provides health care services in the following areas: Student Health/Primary Care, Athletic Medicine, Counseling and Psychiatry Services and Nutrition Services. For more information about the services, please visit www.uvm.edu/health.

I give my permission for my daughter/son/ward to receive health care by the staff of the Center for Health and Wellbeing at the University of Vermont, including but not limited to primary care, mental health and related counseling, psychiatric care and treatment, management of prescription medication and minor surgical procedures under local anesthesia. I understand that I will be responsible if there are charges for services provided by the Center for Health and Wellbeing.

Signature of parent/guardian: _____

Please print name: _____

Phone number of parent/guardian: _____

Date: _____

Please return this form to:

UVM Center for Health and Wellbeing
Medical Records
425 Pearl St.
Burlington VT 05401

fax: (802) 656-8001