



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

Student Name (Last, First, MI)	 Last First MI	Date of Birth ____/____/____ (mm/dd/yy)
Student ID number:	<u> 9 </u> <u> 5 </u> _____	

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. 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