Consent for Treatment of a Minor Child

Student's Name: _____
Student's Date of Birth: _____ Student ID#:_____

Parent/Guardian
To assist us in caring for your minor child we request that a parent or guardian sign the authorizations on this form and return it to us promptly. Iowa law mandates that in order to provide medical or mental health treatment of a minor (under 18), the consent of a parent or guardian is required.

I give permission to the University of Northern Iowa Student Health Center to provide treatment for my child.

Parent/Guardian Printed Name: _____
Parent /Guardian Signature: _____
Relationship :(Parent/Guardian)_____Date:_____

Student
I authorize the University of Northern Iowa Student Health Center to contact my parent/guardian to discuss and consent to my medical or mental health treatment.

Student Printed Name: _____
Signature Name: _____Date:_____
Please return completed form to:

UNI Student Health Center
1227 W 27th Street Building 0221
Cedar Falls, IA 50614-0221
Fax: 319-273-7030
Email: healthcenter@uni.edu

In office use only:

Verbal phone consent witnessed: _____ Date_____

Verbal phone consent witnessed: _____ Date_____

Healthcare provider's signature: _____ Date_____

Revised: 7/17/24