



MISSISSIPPI STATE UNIVERSITY™
LONGEST STUDENT HEALTH CENTER

Consent to Treat Minor Patient

I, _____ (print name), am the parent/legal guardian of
_____ (print student name), currently a minor (under 18 years of age),
whose date of birth is _____.

MSU ID number _____.

I authorize the Mississippi State University Longest Student Health Center to provide medical care to my minor child, including but not limited to, diagnostic examinations (including radiological and laboratory testing), tuberculosis screening, verification and/or administration of immunizations and necessary medical treatment (including minor surgical procedures).

I understand that, should my minor child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such care is initiated.

I further understand that, once my child reaches the age of majority, my consent for treatment is no longer required.

I understand that my child's privacy will be protected by HIPAA or FERPA regulations (determined by whether the minor is a student at Mississippi State University).

By signing this, I acknowledge that I have read and that I understand this consent, and that any questions I had prior to signing could be answered by calling 662-325-2431, ext. 1.

Parent/Guardian Signature

Date

Emergency Phone: Home (____) _____
Work (____) _____
Cell (____) _____

P.O. Box 6338 Mississippi State, MS 39762
Main (662) 325-2431
Fax (662) 325-8888