

Consent to Treat Minor Child

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 Thielen Student Health Center and the Student Counseling Service of Iowa State University to provide treatment for child.

Parent/Guardian Printed Name:

Parent/Guardian Signature

_____ Date

Relationship:(Parent/Guardian)_____

Effective treatment for students may require a consultative, collaborative effort between the Thielen Student Health Center (TSHC) and the Student Counseling Service (SCS). TSHC and SCS professional staff members communicate with each other about such medical information either verbally or through the exchange of office notes.

I give permission for the exchange of health related information to be used in the coordination of treatment as described above.

Parent/Guardian Printed Name:

Parent/Guardian Signature

_____ Date

Relationship:(Parent/Guardian)_____

Please return this completed form by mail or fax:

Iowa State University
Thielen Student Health Center
Attention: Immunization Clerk
50011-2260
Fax: 515-296-6677

For more information on the services provided, please see our websites:
Thielen Student Health Center www.health.iastate.edu
Student Counseling Services scs.iastate.edu