RUTGERS UNIVERSITY- NEWARK HEALTH SERVICES

249 University Avenue, Newark, New Jersey 07102-1896
Phone 973-353-5231 Fax 973-353-1390

PERMISSION TO DIAGNOSE AND TREAT A MINOR FORM

This is to certify that I, _____, a parent or guardian, give permission for the medical staff at the Rutgers University Health Services-Newark to perform diagnostic evaluation and provide therapeutic treatment of an illness or injury, or a referral for diagnosis or treatment, as deemed necessary, for _____, a minor and a student at Rutgers University.

I certify by my signature that I understand the nature of this consent and agree to its provisions.

Parent's or Guardian's Signature: _____

Relationship to Minor: _____

Date: _____

Form Revised: February 26, 2013