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