

## UNIVERSITY OF WISCONSIN - GREEN BAY

### Consent for Medical Treatment of a Minor

It is required that parental permission be granted before medical treatment is provided to a minor student. This form authorizes UW-Green Bay to provide and/or seek emergency medical treatment or other medical services that the University feels the undersigned minor student may require including:

- Inpatient or outpatient medical or psychiatric care
- Medical care for sports injuries
- Urgent/Emergency Care
- Behavioral Health Services with counselor and/or psychiatrist

This includes, but is not limited to, injury prevention, immediate first aid, physical examinations, follow up examinations, injury treatments, rehabilitation, or any other medically or behavioral health related services.

This consent will expire once the minor turns 18 years old. Please understand that once your son/daughter/ward is 18 years old, we will need their permission to share any medical information with you.

**Student's Name: (printed)** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

By signing below you are stating you have read and understood the document above, and are granting UW-Green Bay permission to have your son/daughter/ward treated as indicated in this document.

**Parent/Guardian's Name: (printed)** \_\_\_\_\_

**Parent/Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send signed consent to:

University of Wisconsin Green Bay  
Counseling and Health Center  
2420 Nicolet Dr., SS 1400  
Green Bay, WI 54311