

## Please print clearly.

Student PID:

Student Date of Birth	n:
MEDICAL TREATM	
MEDICAL TREATMENT OF MINOR STUDENTS	
<b>ty.</b> CHS offers preventive health care, treatment basis. Occasionally, CHS's health care staf	al care for students during their enrollment at Michigan State nent for illness or injury, and health education – all on an f refers students for specialty services with other providers withir on an outpatient basis.
ntment. (In certain circumstances, like medic reatment is provided.) It is sometimes difficunt, which can be frustrating for the student of g authorization be signed by a parent/guar	nent at CHS, we generally seek parental consent before providing cal emergencies, Michigan law does not require parental consent all to reach the student's parent/ guardian to obtain consent to waiting for care. For this reason, MSU recommends that the dian of students who will begin their studies at MSU before they
RIZATION FOR TREATMENT	
	dent named above from MSU Campus Health Services and other ill be financially responsible for the treatment provided.
2. I authorize that the student named abov	e may complete all forms required for treatment.
3. I understand that this authorization will I	be in effect until the student reaches the age of 18.
Printed Name of Parent/Guardian	Relationship
Emergency Telephone Number	Date
si e ea a trent en a a a a a a a a a a a a a a a a a a	ampus Health Services (CHS) provides medicality. CHS offers preventive health care, treatment basis. Occasionally, CHS's health care staffealth Care, Inc. (medical school faculty), also a student under 18 years of age seeks treatment. (In certain circumstances, like medical treatment is provided.) It is sometimes difficuent, which can be frustrating for the student of authorization be signed by a parent/guard.  DRIZATION FOR TREATMENT  1. I authorize medical treatment for the student of the stude

Email, mail, or fax to:

**Medical Records Department** 

olin@msu.edu

Olin Health Center 463 E. Circle Drive, Rm 146 East Lansing, MI 48824-1037

Fax: (517) 432-9460

Questions? Call Medical Records staff at (517) 353-9153 or email olin@msu.edu

Please keep in mind that communication via email over the Internet is not secure. Although it is unlikely, there is a possibility that the information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.



Signature of Parent / Guardian