



HEALTH SERVICES

3317 W. Foster Avenue

Chicago, IL 60625

773-244-4897

healthservices@northpark.edu

www.northpark.edu/healthservices

TREATMENT AUTHORIZATION FOR MINOR STUDENTS

If you will be under 18 when you start at North Park University, a parent or guardian must sign the below authorization in order for Health Services to provide care while you are a minor. Please complete this form and turn the signed version into Health Services via the contact information listed in the upper right-hand corner.

STUDENT INFORMATION

Name: _____ Date of Birth: ____/____/____

Student ID #: _____ Semester and year of enrollment (e.g. Fall 2017): _____

PARENTAL AUTHORIZATION

I _____ (hereafter "Designated Adult") do hereby state that I have legal custody of the aforementioned Minor. The Designated Adult grants authorization and consent for the following North Park University departments (check all that apply): Student Health Services Counseling to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor.

If the injury or illness is life threatening or in need of emergency treatment, the Designated Adult, authorizes the above departments to summon any and all professional emergency personnel to attend, transport, and treat the minor. This consent may include any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the State in which such treatment is to occur. The Designated Adult agrees to assume financial responsibility for all expenses of such care.

This authorization is effective until the minor turns 18 or is no longer a student at North Park University.

Signature: _____ Date: _____

Relation to student: _____ Phone: _____

Address: _____