



Sam Houston State University Health Center  
 1528 Avenue J  
 Huntsville, Texas 77341  
 Phone: (936)294-1805  
 Fax: (936)294-1804

### Consent for the Medical Treatment of a Minor

Last Name	First Name	MI	SHSU ID#	Birth date	
			( )		
Home Address	City	State	Zip	Home Phone	
			( )	( ) ( )	
Name of Parent/Guardian	Relationship to Child		Home Ph#	Work Ph#	Cell#
Emergency Contact		Relationship to Child			
( )	( )	( )			
Home Ph#	Cell Ph#		Work Ph#		

The SHSU Student Health Center and/or nearest medical facility is hereby authorized to render primary medical care to my son/daughter during his/her stay at SHSU.

The cost of services provided by the Student Health Center for your son/daughter while attending SHSU is the responsibility of the parent or guardian.

Payment is required at the time medical services are rendered. A receipt with information necessary for insurance reimbursement is provided to each patient. Additional information can be provided as necessary.

Please sign below hereby agreeing to the conditions stated above:

Parent/Guardian \_\_\_\_\_ Relation to Minor \_\_\_\_\_ Date \_\_\_\_\_

*To be completed by Health Center Staff when verbal consent is obtained.*

Verbal Consent Received on \_\_\_\_\_ by \_\_\_\_\_ as witnessed by:  
 Date parent/guardian

\_\_\_\_\_ and \_\_\_\_\_.

Staff Signature

Staff Signature