



INFORMED CONSENT FOR TREATMENT OF MINORS

The Office of Health Services at Lincoln University has nursing professionals available Monday thru Friday 9:00 a.m. to 4:00 p.m. Our physician is available Mondays, Wednesdays, and Thursdays from 9:00 a.m. to 1:00 p.m. to evaluate and treat students. Minor students who are enrolled, or who attend programs on Lincoln University Campus require informed written consent from a parent or legal guardian prior to receiving treatment by any of our medical professionals on staff. A notice of Privacy Practices is provided to all students in accordance with the Health Insurance Portability and Accountability Act (HIPPA) of 1996.

If you are the parent or guardian of a minor student, please complete this form and return it to Health Services along with your child's completed health history and physical form.

I, _____ (please print), the Parent/Guardian of
_____ (please print), do hereby give my consent to the
medical professionals on staff at Lincoln University to evaluate and treat my minor child. I understand
that by providing this consent, I am releasing Lincoln University, its employees, physicians, and nurses
from liability, acknowledging that said treatment is being provided as a courtesy to my child. Treatment
may include, but is not limited to, the administration of medications, referral to Jennersville Regional
Hospital Emergency Department and/or referral to medical professionals on staff at Jennersville
Regional Hospital. This consent shall remain in effect until my child reaches his/her 18th birthday on
_____ or until I rescind it in writing.

Parent/Guardian Signature: _____ Date: _____

Relationship to Minor Student: _____

Emergency Contact Number: _____