



# Lincoln University

LEARN. LIBERATE. LEAD.

## INFORMED CONSENT FOR TREATMENT OF MINORS

The Office of Health Services at Lincoln University has nursing professionals available Monday 9:00 A.M to 8:00 P.M, Tuesday thru Friday 9:00 A.M to 4:00 P.M and every other Saturday 9:00 A.M to 1:00 P.M. Our physician is available Wednesday's 9:00 A.M to 4:00 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, \_\_\_\_\_ (parent/guardian please print), the Parent/Guardian of \_\_\_\_\_ (please print student name), 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 closest hospital, urgent care and/or referral to medical professionals in the area.

This consent shall remain in effect until my child reaches his/her 18<sup>th</sup> birthday on \_\_\_\_\_ or until I rescind it in writing.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Minor Student: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Revised 2025