



INFORMED CONSENT FOR TREATMENT OF MINORS

The Office of Health Services at The Lincoln University has Nursing Professionals available Mondays, Wednesdays, and Fridays from 9:00am to 4:00pm, and Tuesdays and Thursdays from 9:00am to 7:00pm. Our Physician is available Mondays, Wednesdays, and Thursdays from 9:00am to 1:00pm to evaluate and treat students. Minor students who are enrolled, or who attend programs on The 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 The Lincoln University to evaluate and treat my minor child. I
understand that by providing this consent, I am releasing The 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 any other Medical Professionals
deemed necessary for their care (i.e. Ophthalmologist, Dermatologist, Dentist, etc.). 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: _____