



Medical Treatment Authorization Form for Minor Students

I/We, the undersigned, parent(s)/legal guardian of _____,
(Your child's full name)

A minor, do hereby authorize the staff of Augusta University Student Health Services permission to provide any necessary or beneficial medical treatment to my child while he/she is attending school at Augusta University. Medical care includes but is not limited to: venipuncture (blood draws), immunizations (shots), general physical examinations, referral for diagnostic testing such as x-rays, referrals to specialists for care and any treatment that is necessary and possibly beneficial for my child.

I understand that additional charges may be incurred for medical care and these charges may not be covered by the Student Health Fee. Additional charges will be the responsibility of the parent/guardian of patient or patient.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the Augusta University Student Health provider in the exercise of his/her best judgment may deem advisable and release Augusta University Student Health from all damages of same.

(Print) Parent/Guardian
Name

Parent/Guardian Signature

Date

My relationship to the student/patient is (please circle one): **Parent** **Legal Guardian**

(Print) Witness Name

Witness Signature

Date