THE UNIVERSITY OF NEW MEXICO

UNM Student Health & Counseling (SHAC)

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1 University of New Mexico
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Parental Consent Form

A medical provider will need this form before treating a minor's illness or injury. It should accompany the student when seeking medical treatment.

Name of Student: _____ UNM ID:_____

Date of Birth: _____

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Business Phone: _____

Emergency Contact: _____ Phone: _____

If the student has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.). Use reverse side if necessary.

_____

_____

Has the student had any major illness during the past year? _____ If so, please explain:

_____

_____

Date of last tetanus injection: _____ Are contacts or glasses worn? _____

Does the student take any prescribed or over-the-counter medications? _____ If so, what are they? _____

_____

Allergies to medications, food, etc.:_____

Primary care physician's name: _____

Address: _____ Phone: _____

PARENT OR GUARDIAN AND WITNESS READ AND SIGN: I hereby certify that to the best of my knowledge the above medical statement is accurate. I give my consent to UNM Student Health & Counseling, or medical personnel at another institution, to provide whatever medical treatment they may deem necessary for the health and welfare of my son/daughter/ward. It is also understood that no major surgery will be performed on my son/daughter/ward without my further specific consent except in those cases of extreme urgency when the delay in obtaining consent may constitute a serious risk of life to my son/daughter/ward. I further realize that expenses for medical attention shall be my responsibility.

Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____