



THE UNIVERSITY OF
NEW MEXICO

UNM Student Health & Counseling (SHAC)

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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: _____