

# UNIVERSITY OF MINNESOTA MORRIS

## COMPREHENSIVE STUDENT HEALTH AND DISABILITY REPORT

### PARENT/GUARDIAN CONSENT FORM

Please print. Return by mail to:

Student Health Service  
University of Minnesota Morris  
600 E 4th St  
Morris, MN 56267

#### STUDENT INFORMATION

Last name: \_\_\_\_\_

Preferred<sup>o</sup> first name: \_\_\_\_\_ Legal<sup>o</sup> first name: \_\_\_\_\_

Home mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home telephone number: (\_\_\_\_\_) \_\_\_\_\_ Cell phone number: (\_\_\_\_\_) \_\_\_\_\_

Student ID #: \_\_\_\_\_ Date of birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<sup>o</sup>The University of Minnesota Morris recognizes that many of its students use a name other than their legal/primary name. The student's preferred name will be used whenever possible in communications and reporting, except where the use of the legal name is necessitated by University business or legal requirements.

#### **If student will be under 18 years old at time of enrollment, parent/guardian consent is required.**

The law requires that a parent/guardian grant permission for medical evaluation and/or treatment of minors (anyone under 18 years of age). The following consent must be signed by a parent/guardian of a minor so that they may receive medical evaluation/treatment and/or mental health counseling. No major medical or surgical procedure will be performed, except in an emergency, without the parent/guardian first being contacted.

The undersigned parent/guardian hereby grants permission for University of Minnesota Morris personnel to provide medical evaluation, **treatment at Student Health Services, mental health counseling at Student Counseling**, and/or emergency treatment for the above-named minor. The undersigned parent/guardian further agrees to pay all expenses from such evaluation and/or treatment.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date