

# CONSENT TO TREAT A MINOR PATIENT



Because Arizona law requires consent of parent/legal guardian for medical and mental health care of minors, if your minor child is enrolled at the University of Arizona prior to their eighteenth birthday and you want their healthcare provided by Campus Health Service, you must first complete and return this consent to:

The University of Arizona  
Campus Health Service  
P.O. Box 210095  
Tucson, Arizona 85721-0095  
Fax: Medical Records - 520-626-4301  
Counseling & Psych Services (CAPS) - 520-626-6105

Or upload to our website: <https://www.health.arizona.edu/medical-records>

## Consent for Medical / Mental Health Treatment

*Please Print*

I, \_\_\_\_\_ am the parent/legal guardian of  
*PARENT Name LAST FIRST*  
\_\_\_\_\_, \_\_\_\_\_ currently a minor, whose date of  
*STUDENT Name LAST FIRST Gender*  
birth is \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

I authorize the University of Arizona Campus Health Service to provide medical and/or mental health care to my minor child including, but not limited to, diagnostic examinations (including radiological and laboratory testing), tuberculosis screening, verification and/or administration of immunizations and necessary medical treatment (including minor surgical procedures) and mental health counseling.

I understand that, should my minor child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such care is initiated.

I further understand that, once my minor child reaches the age of maturity, my consent for treatment is no longer required.

By signing this, I acknowledge that I have read and understand this consent, and that any questions I had prior to signing will be answered by calling Campus Health Service at 520-621-9202.

\_\_\_\_\_  
Signature (signed electronically)

\_\_\_\_\_  
Date

Emergency Contact Phone Numbers:

Home: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_