THE UNIVERSITY OF IOWA

Student Health Service
4189 Westlawn
Iowa City, Iowa 52242-1100
319-335-8392 *Fax* 319-335-8249
http://studenthealth.uiowa.edu

[Patient label goes here] or

Patient's Name_____

Student ID#_____ Date of Birth_____ Age_____

Preferred Name if different from above: _____

PARENT/GUARDIAN AUTHORIZATION/CONSENT TO TREAT MINOR CHILD

Patient/Student Information

Patient/Child Name: _____ Student ID # _____

Local Address: _____ City: _____ State: _____

Local Phone – Home: _____ Cell: _____ Work: _____

Date of Birth: _____/_____/_____

Parent/Guardian Complete the Following

I grant the University of Iowa Student Health Service healthcare providers and staff permission to provide the following for my child should medical attention be necessary while my child is enrolled at the University of Iowa.

____ Yes, I grant The University of Iowa Student Health Service healthcare providers and staff permission to provide medical care for my student should this be necessary while enrolled at The University of Iowa.

____ No, I do not grant permission for The University of Iowa Student Health Service to provide medical care.
For medical issues, please contact:
Name:_____
Phone: (Home) _____ (Work) _____ (Cell) _____

_____
Parent/Guardian Please Print

_____ _____
Parent/Guardian Signature Date

Street Address: _____ Country: _____

City: _____ State: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Please scan and e-mail to: studenthealth@uiowa.edu OR Fax to: 1-319-335-7247.