

CONSENT TO TREAT MINOR PATIENT

Because Kentucky law requires consent of parent/legal guardian for medical care of minors, if your son or daughter is enrolled at the University of Louisville prior to his/her eighteenth birthday and you want his/her healthcare provided by Campus Health Services, you must first complete and return the following consent to one of the office locations listed below:

<u>University of Louisville Campus Health Services</u>	
Belknap Campus	Health Science Campus
215 Central Ave, Ste 110	401 E. Chestnut Street, Ste 110
Louisville, KY 40208	Louisville, KY 40202
Fax: (502) 852-6480	Fax: (502) 852-6649

Consent for Medical Treatment

I, _____ (print name here), am the parent/legal guardian of _____ (print name of student), currently a minor, whose date of birth is ____ / ____ / ____

I authorize the University of Louisville Campus Health Services to provide medical and/or mental health care to my son/daughter, 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 child reaches the age of majority, my consent for treatment is no longer required.

I authorize the University of Louisville Campus Health Services to bill my minor child's insurance for charges related to his/her care. I understand that outstanding balances will be applied to my student's account.

By signing this, I acknowledge that I have read and that I understand this consent, and that any questions I had prior to signing could be answered by calling Campus Health Service at (502) 852-6479- Belknap Campus or (502) 8528-6446 – Health Science Campus.

Signature

Date

Emergency contact number:

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