



**CONSENT TO TREAT MINOR STUDENT PATIENT**

Because Massachusetts Law requires consent of parent/guardian for medical care of minors, if your dependent child is enrolled at the University of Massachusetts Boston prior to his/her 18<sup>th</sup> birthday and you want his/her healthcare provided by University Health Services, you must first complete and return the following consent to:

University Health Services  
University of Massachusetts Boston  
100 Morrissey Boulevard  
Boston, MA 02125-3393

**Consent for Medical Treatment**

I, \_\_\_\_\_ (print name here), am the parent/guardian of  
\_\_\_\_\_ (print name of student), currently a minor,  
whose date of birth is \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

I authorize the University Health Services at the University of Massachusetts Boston 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, any necessary medical treatment, and mental health counseling. For surgical procedures, or more extensive medical care, attempts will be made to contact me before such care is initiated.

I also understand that if the injury/illness is determined to be life threatening that an ambulance will be called to take my child to the hospital and that the provider will make every effort to contact me.

I further understand that, once my 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 could be answered by calling University Health Services at 617-287-5660.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Emergency Phone Numbers:**

(     ) \_\_\_\_\_  
Home

(     ) \_\_\_\_\_  
Work

(     ) \_\_\_\_\_  
Cell

(     ) \_\_\_\_\_  
Other Contact