



WashU

**Student Health Center -
Danforth Campus
Habif Medical Services
Parental Consent Form**

I, _____, as legal custodial parent/legal guardian of

(student's name), do hereby give my consent for

Habif Medical Services to provide treatment to my child. Treatment may include ordering lab tests, blood work, or x-ray, prescribing medications, splints, braces, crutches, etc., referral to a specialist provider, emergency room, and/or, collaboration with other Washington University organizations.

I further understand that my signature does not imply authorization to release my child's health information to me and that I have the right to revoke this consent at any time.

In medical encounters involving pregnancy (but excluding abortions), sexually transmitted diseases, drug or substance abuse, I understand that parental consent is not required and permission to discuss these encounters would need to first be obtained from my child.

Parent/ Guardian Signature: _____

Date: _____

Please fax to Student Health nursing at 314-696-1214 or email habifnursing@wustl.edu