

CONSENT FORM

Complete if student is under the age of 18 years when entering the University of Wisconsin-Stout.

TO THE PARENTS OR LEGAL GUARDIAN

If your son, daughter, or ward will be under the age of 18 years when entering the University of Wisconsin-Stout, it is our policy whenever possible to secure your consent for medical treatment. By signing the consent form below you will give your consent in advance to routine medical treatment of common health problems which arise among students, including the diagnosis, care and treatment of minor medical, emotional, and physical health problems. In the event of any major health problem, whenever practicable, specific permission will be obtained from you and we will be guided by your wishes before proceeding. In the event of a serious emergency, however, we will follow sound medical judgment and the wishes of the student, and at the same time make reasonable efforts to fully inform you and to obtain your express permission.

TO THE UNIVERSITY OF WISCONSIN-STOUT

CONSENT

I do hereby authorize the performance of medical and psychiatric examinations and the use or administration of such diagnostic tests and x-rays, drugs, immunizations, and other treatments including minor surgical procedures such as incision or superficial abscesses or boils, suturing of lacerations, and non-operative reduction and immobilization of fractures and dislocations, but excluding major surgical procedures, as may be deemed advisable or necessary by the physician on the staff of the University of Wisconsin-Stout Student Health Services, or by any other physician whose advice and assistance is requested and approved by the physician on the staff of the University of Wisconsin-Stout Student Health Services, for or upon my minor who is named below. I also consent to emergency treatment for major medical problems, including surgery, where my minor consent and reasonable efforts are made to obtain my express permission. This consent shall be in effect for the period during which my minor is enrolled as a student at the University of Wisconsin-Stout.

Name of Minor-Please Print

Signature of Parent or Guardian

Relationship

Signature of Witness

Address

Date

Date