# Ouachita Baptist University

## Medical Consent for Treatment of a Minor

This form is designed if your child gets sick or injured it will provide vital information necessary for him or her to be treated. It will allow Student Health Services to provide routine care for problems such as colds, and minor injuries and illnesses. It will also provide the necessary consent if your child should need a referral for Emergency care or referral to a local health facility should the need arise

Student's Name________________ ID #________________DOB:_______

I, ___________________________, being the parent or legal guardian of ___________________

grant the following authorization for medical and/or surgical treatment of this minor by a health care professional should the need arise while he/she is attending Ouachita Baptist University.

I grant permission to the directors, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical or psychological problems. I understand that should a major medical or psychological problem arise, reasonable attempts will be made to notify me. In the event that I cannot be reached, I give my consent to such medical treatment as deemed necessary, including surgery, x-ray examinations, and anesthesia to be rendered to said minor by a licensed physician or nurse.

This authorization will permit your minor child to use the services provided at the OBU Student Health Services and Counseling Services.

Date________________________ Signature__________________________________________