

Consent To Treat Minor Patients

State of Ohio law requires consent of a parent/legal guardian for medical care of minors. If your son or daughter is enrolled at Kenyon College prior to his/her eighteenth birthday and they seek care at the Health and Counseling Center, you must complete and return the following section:

I, _____, *am the parent/legal guardian of*
(Print Name)

_____, *currently a minor, whose date of*
(Print Name)

birth is ____/____/____.

I authorize the Kenyon College Health Center to provide medical care to my son/daughter, including, but not limited to diagnostic examinations (including laboratory testing), tuberculosis screening, verification and/or administration of immunizations and necessary medical treatment.

I understand that once my child reaches the age of majority, my consent for treatment is no longer required.

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 the Kenyon College Health Center at 740-427-5525.

Signature of Parent of Guardian

Date

Phone Number

