

# MISSISSIPPI STATE UNIVERSITY<sup>TM</sup>

## *Longest Student Health Center*

### Consent to Treat Minor Patient

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

I authorize the Mississippi State University Longest Student Health Center to provide medical 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 and necessary medical treatment (including minor surgical procedures).

I understand that, should my minor child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such care is initiated.

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

I understand that my child's privacy will be protected by HIPAA regulations.

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 662-325-2431, ext 9.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Emergency Phone: Home (\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_

**P.O. Box 6338 Mississippi State, MS 39762  
Fax (662) 325-8888**

