

A REPRODUCTION OF THIS DOCUMENT IS AS VALID AS THE ORIGINAL.

Name of Parent or Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Signature of Parent or Guardian: _____ Date: _____

Notary: _____ Date: _____

For Emancipated Minor:

Circumstances allow me to consent to my own treatment and health services.

Signature of Emancipated Minor: _____ Date: _____

VSU Student Health Services Use Only:

Witnesses: _____ Date: _____

_____ Date: _____