



University of Massachusetts Amherst
 University Health Services
 150 Infirmary Way
 Amherst, MA 01003-9288
 (413) 577-5000 / www.umass.edu/uhs

CONSENT TO TREAT MINOR PATIENTS

Massachusetts law requires the consent of a parent/guardian for medical care of persons under 18 years of age. If your dependent is a student at the University of Massachusetts Amherst, or attending a program at the University of Massachusetts Amherst, the information below must be completed before treatment can be provided.

I, _____ am the parent/guardian of
(please print)

_____, date of birth _____,
(please print)

who is currently a minor.

I authorize University Health Services, University of Massachusetts Amherst, to provide medical and/or mental health care to my dependent, including but not limited to, diagnostic examinations, medical treatment and mental health counseling.

I understand that if an injury/illness is determined to be life-threatening, that an ambulance will be called to take my dependent to a hospital and that the provider will make every effort to contact me.

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

By my signature, I acknowledge that I have read and understand this consent, and that any questions I have prior to signing this can be answered by calling University Health Services, (413) 577-5000.

_____ Date: _____
(parent/guardian signature)

PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____ Phone (day): _____
 (evening): _____

Name: _____ Phone (day): _____
 (evening): _____