



**Student Personal & Medical Information CONSENT TO TREAT**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parental/Guardian Information**

1. Father/Guardian Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Preferred Phone Numbers: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

2. Mother/Guardian Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Preferred Phone Numbers: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Emergency Contact Name & Number:** \_\_\_\_\_

**Allergies:**  No allergies  \_\_\_\_\_

**Prescription & Non-Prescription Medication Use:**  No  Yes; List: \_\_\_\_\_

**Significant Medical/Surgical History:**  None  Hearing  Glasses/Contacts  Speech  \_\_\_\_\_

**Mental Health History:**  Depression  Suicide Attempt(s): \_\_\_\_\_

1RQH \_\_\_\_\_  Self Harm

**Medical Consent for Treatment:**

Counseling  Eating Disorder:

'XULQJ WKH VFKRRO \H DU 2]DUN \$GYHQWLWV \$FDGHP\ 6WDII DUH JLYHQ SHUPLVLRQ WR VHHN PHGLFDO FDUH PHQWDO KHDOWK FRXQVHOLQJ DV GHHPHG DSSURSULDWH IRU P\ FKLOG WKH DERYH QDPHG VWXGHQW LQ OLHX RI SDUHQWDO OHJDO JXDUGLDQ SUHVHQFH , FRQVHQW WR WKH UHOHDVH RI VXFK LQIRUPDWLRQ RU ILQGLQJV RI VXFK FDUH WR 2]DUN \$GYHQWLWV \$FDGHP\ ,I HPHUJHQF\ WUHDWPHQW LV UHTXLUHG DQG D SDUHQW OHJDO JXDUGLDQ FDQQRW EH UHDFKHG IRU FRQVHQW , KHUHE\ FRQVHQW WR WKH SURYLVRQ RI HPHUJHQF\ FDUH IRU P\ FKLOG DV QHFHVVDU\ DFFRUGLQJ WR WKH PHGLFDO RSLQLRQ RI WKH PHGLFDO SURYLGHU UHQGHULQJ WKH VHU\LFH ,Q DGGLWLRQ 2]DUN \$FDGHP\ VFKRRO QXUVH QXUVH SUDFWLWLRQHU LV DXWKRULJHG WR WUHDW P\ FKLOG DV QHFHVVDU\ ZLWK SHUPLVLRQ WR GHODJDWH WKH DGPLQLVWUDWLRQ RI QRQ SUHVFULSWLRQ DQG SUHVFULSWLRQ PHGLFDWLRQ DV GHHPHG QHFHVVDU\ WR 2]DUN 6WDII ZKR KDYH EHHQ WUDLQHG DFFRUGLQJ 7KLV FRQVHQW H[SLUHV RQ WKH ODVW GD\ RI VFKRRO IRU WKH \H DU: \_\_\_\_\_

Notarized Parent/Guardian Signature Date

State of BBBBBBBBBBBBBBB County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned notary, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal. \_\_\_\_\_ Signature  
of Notary

[Seal of Office] My Commission Expires: \_\_\_\_\_