



**Consent for Student Health Services  
Treatment of a Minor  
(Consent for treatment of a student under 18 years of age)**

**This document will remain in effect until the student's 18<sup>th</sup> birthday.**

**Student's Name:**

\_\_\_\_\_

**Last name** **First name**

**Parental or Guardian Name (s):**

\_\_\_\_\_

**Last name** **First name**

\_\_\_\_\_

**Last name** **First name**

**Student:**

If you are a student under the age of 18 seeking Student Health Services, Texas State Law (**Texas Family 32.003\***) requires that a parent or guardian grant permission for treatment unless any of the following circumstance apply (**please initial all that apply**):

- \_\_\_\_\_ I am on active with the armed services\*
- \_\_\_\_\_ I am at least 16 years old and reside apart from my parent (s)/guardian(s) and manage my own financial affairs regardless of the source of income
- \_\_\_\_\_ I consent to the diagnosis and treatment of a condition that is required by law to be reported to the Department of State Health Services (Section 81.041, Health and Safety Code)\*
- \_\_\_\_\_ I am unmarried and pregnant and consent to medical care other than abortion\* related to pregnancy
- \_\_\_\_\_ I consent to examination or treatment for any condition related to drug or chemical use\*

**Release of Health Information to Parent(s) or Guardian(s)** The TAMIU physician can (directly or by providing an order to TAMIU Student Health Staff), with or without the student's consent, advise the parent or guardian of the treatment that the student is given or needs.\*

**Student:**

*Part A: By signing below, I acknowledge that:*

- I have read and understand the document contents including the limits of confidentiality as stated above
- The information that I have provided is accurate
- I am requesting services from TAMIU Student Health Services

\_\_\_\_\_

**Student's Signature**

\_\_\_\_\_

**Date Signed**

*Part B: By signing below, I provide permission to share my health record with my parent or legal guardian*

\_\_\_\_\_

**Student's Signature**

\_\_\_\_\_

**Date Signed**

**Parent:**

**We need parental/guardian consent before providing care through TAMIU Student Health Services (except in those circumstances listed under Texas Family Code 32.003\*)**

By consenting, you are providing permission for the student to receive all types of care/treatment available through Student Health Services. Available services include: care and screenings by Registered Nurses and contracted staff (physician and Nurse Practitioner), diagnostic testing, provision of over-the-counter medications under physician protocols, provision of prescriptions as ordered by physician or Nurse Practitioner, women's health services (well-woman exams and family planning), sexual health education and prevention of sexually transmitted illnesses (male and female condoms), sexual health screenings, screenings provided by City of Laredo Health Department.

I hereby give permission for TAMIU Student Health Services providers to perform examinations, diagnostic testing, and other services necessary to maintain my child's health while he/she is a student at TAMIU. I understand and give consent for protected health information to be shared as needed to carry out treatment.

By signing below, I acknowledge that:

- I have read and understand the document contents including the limits of confidentiality as stated above
- I understand that my student will receive care available at Student Health Services\
- I understand that recommendations for treatment may include referrals to medical professionals, prescriptions for medications, or other resources

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date Signed