



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: \_\_\_\_\_

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VSU Student Health Services Use Only:

Witnesses: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_