



PARENT/GUARDIAN CONSENT

Complete only for students less than 18 years of age

The law requires that parental permission be obtained for medical evaluation and treatment for minors. If your child is under 18 years of age, please complete this authorization form and return it to Health Services. Your student may upload this document into the Medicaat student portal or mail or fax it to Health Services.

I give permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter/ward. (Please note this consent expires once student is 18 years old.)

Student's Name (Print) _____

Student's ID # _____

Student Date of Birth _____

Parent /Guardian Name (Print) _____

Parent/Guardian Signature _____

Relationship _____

Parent/Guardian Phone number _____ Date _____

Seton Hall University Health Services
400 South Orange Avenue
South Orange, NJ 07079
Phone: (973) 761-9175
Fax: (973) 761-9193