



**WESTERN MICHIGAN UNIVERSITY**  
Sindecuse Health Center

(269) 387-3287  
(888) 979-8229 fax

## Medical and Mental Health Treatment Authorization

Patients under the age of eighteen (18) seeking to be seen by medical professionals at Sindecuse Health Center must have permission from a parent or guardian unless regulations allow treatment without authorization. Exceptions to required permission include pregnancy testing, birth control, sexual health and STI treatment, mental health and counseling, and substance use treatment. We do not contact the named parent or guardian when a student with permission visits the health center **except** in the event of an emergency.

By signing below, you indicate agreement with the following statement:

*I hereby authorize staff of Sindecuse Health Center at Western Michigan University to administer medical treatment to my son or daughter. This authorization is effective from the date of signature until the patient is of legal age or is not eligible to use the facility's services.*

\_\_\_\_\_  
MINOR'S NAME (PRINT)

\_\_\_\_\_  
WIN (WMU IDENTIFICATION NUMBER)

**x**

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN'S NAME (PRINT)

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
MOBILE PHONE

\_\_\_\_\_  
WORK PHONE