WESTERN MICHIGAN UNIVERSITY
Sindecuse Health Center

# Minor Patient Consent for Health Care Services

_____|_____|_____
Patient First Name | Patient Last Name | Middle Initial

_____|_____
Date of Birth (MM/DD/YYYY) | Western Identification Number

**WMU's Sindecuse Health Center (SHC)** provides medical care for students during their enrollment at Western Michigan University. SHC offers preventive healthcare, treatment for illness or injury, and related services on an outpatient basis. Occasionally SHC's health care staff refer students for outside specialty services, also outpatient basis.

**When a student under 18 years of age seeks treatment at SHC,** we seek parental consent prior to providing that treatment except in cases where that consent is not required. (In certain circumstances, like counseling or medical emergencies, Michigan law does not require parental consent before treatment is provided.) It is sometimes difficult to reach the student's parent/guardian to obtain consent to treatment, which can be frustrating for a student waiting for care. For this reason, WMU recommends that the following authorization be signed by a parent/guardian of students who will begin their studies at WMU before they turn 18.

## I, the legal parent or guardian of the student named above,

1. Authorize medical treatment for the student named above provided by WMU's Sindecuse Health Center.

2. Understand that this authorization will be in effect until the student reaches age 18.

3. Understand that I am responsible for charges for my child's services not paid by insurance.

_____|_____
Printed Parent / Guardian Name | Relationship to student

_____|_____
Signature of Parent / Guardian | Date

_____
Telephone Number

## Mail, fax, or email this form to:

1903 W Michigan Ave, Kalamazoo, MI 49008-5445, phone (269) 387-3287
fax (888) 979-8229, shc_medrecords@wmich.edu

Approved 9/8/26 DH committee