



Student Health Services
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RCTC STUDENT HEALTH SERVICES CONSENT FOR TREATMENT OF MINORS FOR MEDICAL SERVICES

Any registered students under the age of 18 will be required to have a parental/guardian consent form signed before receiving any medical treatment, except in emergencies or cases exempt by law. Signed consent will be retained in the Health Services Office.

The undersigned (parent/guardian) of _____ hereby
(Name of Student)
 authorizes medical treatment services by the staff at RCTC Health Services as needed.

Student date of birth: _____ Age: _____ Student ID: _____

 Parent/Guardian Name (Print) Date

 Parent/Guardian Signature (in ink please)

Student Information
 All areas must be completed

Address	City	State	Zip
Home Phone	Cell Phone		
Emergency Contact	Phone #	Relationship	