

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 authorizes medical treatment services
(Name of Student)
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	

Submit this form to Student Health Services by any of the following methods:

- In person: HS140, First Floor Health Sciences
- By fax: 507.285.7129
- By mail: RCTC Student Health Services
851 30th Avenue SE Box 5
Rochester, MN 55904
- By email: HealthServices@rctc.edu