



Instructions: This form is required for students who will be under 18 years of age when they arrive on campus. This form must be completed by the student’s parent or court-appointed legal guardian. Once the form is completed, the student must upload it into their patient portal account at kean.studenthealthportal.com

CONSENT FOR TREATMENT

I hereby voluntarily give consent to Kean University Health Services medical staff to provide medical care including routine diagnostic procedures, medical treatment, and preventative health measures to:

_____ Student Name (First, MI, Last) _____ Kean ID#

In making medical decisions on my behalf for the benefit of the above named patient, I direct that the Healthcare Provider attempt to contact me. However, if medical care becomes essential, as in the case of a medical emergency, I give permission to the Healthcare Provider to make such decisions regarding treatment as deemed appropriate by the physician or nurse practitioner.

I acknowledge that I have read and understood the above consent.

I certify that the above information is correct and has been read and understood by me.

Parent / Legal Guardian Signature

Printed Name

Relationship to Student

Phone Number

Date