

Minor Student Consent Form

Minor Information Section: Date of Birth Minor Student Name (Last, First, M) Name of Camp Street Address Phone Number City, State, Zip Code **Parent or Legal Guardian Information Section:** Parent/Legal Guardian Name (Last, First) Phone Number Email Address Please remove me from Dallas College youth camp/program communications (Select Option) Yes □ / No □ **Consent to Emergency Treatment:** Dallas College on behalf of _____ Campus/Center is and educational institution in which ______, the student, is enrolled. Texas law requires parent/legal guardian consent for medical treatment of minors. This Consent to Medical Treatment Form grants authority to Dallas College to provide, to the extent allowed by law, and/or to consent to, seek, and/or arrange for emergency medical treatment or other medical services deemed necessary for a minor (under age 18) student enrolled in Dallas College. **Medical Information Related to Minor Student:** Allergies: Current Medications: _____ Pertinent Medical History: If necessary, please attach a separate page listing any additional allergies, medications, or medical history. I_____, the parent/guardian of _____ give my consent for medical treatment of the above-named minor student by a licensed health

care professional, should the need arise, while they are enrolled in and/or attending Dallas College. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment. I grant permission for treatment provided according to generally accepted standards of medical practice. This consent will be in effect from this date until minor student is 18 years of age, unless cancelled earlier by me in writing.

I further understand and agree that medical care and/or treatment deemed necessary for the minor student may involve referral to physicians, Emergency Rooms, X-ray facilities and other health care professionals outside of Dallas College, and that any and all medical costs associated with this authorization and/or expenses for such services are the responsibility of I, the undersigned.

Signature of Parent or Legal Guardian		Date	
Emergency Contacts:			
In the event that parent or legal guar	dian cannot be reached, pl	ease contact:	
Emergency Contact # 1			
Full Name (Last, First)	Relationship	Phone Number	
Emergency Contact # 2			
Full Name (Last, First)	Relationship	Phone Number	