



**Instructions: This form is required for students who are 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](http://kean.studenthealthportal.com)**

**CONSENT FOR TREATMENT (FOR STUDENTS UNDER 18 YEARS OF AGE)**

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