

AUSTIN PEAY STATE UNIVERSITY HEALTH SERVICES

CONSENT TO TREAT MINOR STUDENT PATIENT

Because Tennessee law requires consent of parent/guardian for most medical care of minors, if your dependent child is enrolled at Austin Peay State University prior to his/her 18th birthday and you want his/her healthcare provided by Boyd Health Services, you must first complete and return the following consent to:

APSU Health Services
Austin Peay State University
P. O. Box 4655
Clarksville, TN 37044

Consent for Medical Treatment

I, _____ (print name here), am the parent/guardian of
_____ (print name of student), currently a minor, whose date

of birth is ____ / ____ / _____. In the event my child requests or requires services not currently authorized by law, I authorize the staff of Boyd Health Services at Austin Peay State University to provide medical and/or mental health care to my son/daughter including, but not limited to, diagnostic examinations, laboratory testing, tuberculosis screening, verification and/or administration of immunizations, any necessary medical treatment, and mental health counseling. I understand that the services provided by A. R. Boyd Health Services are ambulatory acute care and are not intended to take the place of the family's primary care manager.

I also understand that if the injury/illness is determined to be life threatening, an ambulance will be called to take my child to the hospital and that the provider will make every effort to contact me.

I further understand that once my child reaches the age of maturity, my consent for treatment is no longer required and that I will have access to information about my child's treatment only if my child signs a release of information.

By signing this I acknowledge that I have read and understand this consent, and that any questions I had prior to signing could be answered by calling Boyd Health Services at (931) 221-7107.

Signature of Parent or Guardian

Date

Contact phone numbers

Home _____ Work _____

Cell _____ Other _____