



**STUDENT HEALTH AND WELLNESS CENTER  
PARENTAL CONSENT FOR MEDICAL CARE FOR UNDERAGE ASU STUDENTS**

Arizona law requires parental consent for medical, surgical, and psychiatric treatment of minors.  
**IN ARIZONA, MINORS ARE INDIVIDUALS UNDER 18 YEARS OF AGE.**  
If your minor son or daughter will be enrolled as a student at Arizona State University,  
you are encouraged to complete and return the medical treatment form below.

Please return this form to:

**Arizona State University  
Student Health and Wellness Center  
Patient Services/Medical Records  
PO Box 872104  
Tempe AZ 85287-2104**

Please type or print.

**CONSENT TO MEDICAL TREATMENT**

I, (name) \_\_\_\_\_, am the parent or legal guardian of  
(student) \_\_\_\_\_, a minor, whose date of birth is  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and ASU ID number is \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_.

*I hereby consent to the performance of medical or minor surgical  
treatment by Arizona State University Student Health medical staff on  
my son or daughter while he/she is an Arizona State University student.*

Parent/Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Emergency Phone: Home ( \_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_ ) \_\_\_\_\_

Parent/legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_