



Sam Houston State University
Student Health Center

1608 Avenue J
Huntsville, Texas 77341
Phone: (936) 294-1805
Fax: (936) 294-1804

Consent for the Medical Treatment of a Minor

Student Last Name: _____ First Name: _____ MI: _____

SAM ID: _____ Birth Date: _____

Local Address for Student: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of Parent or Guardian: _____ Relationship: _____

Other Relationship, (please explain): _____

Information on person giving consent:

Primary Phone: _____ Alternate Phone: _____ Email: _____

Alternate Emergency Contact: _____

Relationship to Minor: _____ Primary Phone: _____

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The SHSU Student Health Center (SHC) is hereby authorized to render primary medical care to my student effective as of the signature date below.

Payment (through the Cashiers office) is required after the visit charges are transferred. A receipt with information necessary for insurance reimbursement may be provided upon patient request.

Signature:

Parent/Guardian _____ Printed Name: _____

Date: _____