

MEDICAL CONSENT

If a student will be under the age of 18 on the first day of Orientation (August 24, 2017) at The Catholic University of America, a parent or guardian must sign this consent form.

STUDENT'S INFORMATION

Last name: _____ First name: _____ MI: _____

Date of birth: _____ Student ID: _____

Allergies and other known health conditions: _____

Permission is hereby granted to the director of Student Health Services, The Catholic University of America, or qualified designee, to proceed with medical or minor surgical treatment, X-ray exams, laboratory studies, and immunizations adjudged to be necessary for the minor student named above.

Signature of parent or guardian: _____ Date: _____

Relationship to student: _____

Home address: _____

City: _____ State: _____ Zip/Postal code: _____

Country: _____

Telephone: (Home) _____

(Work/Cell) _____

RETURN TO:

The Catholic University of America
Student Health Services
620 Michigan Ave., N.E.
Washington, DC 20064