

# MEDICAL CONSENT

If a student will be under the age of 18 on the first day of Orientation (August 23, 2007) 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