



BRADY HEALTH CENTER
101 BRADDOCK RD
FROSTBURG, MD 21532-2302
301/687-4310
FAX: 301/687-7050

Consent to Treat Minor Child (Parent/Guardian Authorization)

A minor is defined as any student/patient who is under the age of 18. Exceptions to this are made in circumstances in which Maryland law allows minors to seek certain healthcare services without parental consent.

In the event that my child/dependent _____ / _____ / _____
Print Name Birth date

presents to Brady Health Center at Frostburg State University for health care, I do hereby consent to such clinic care, including diagnostic procedures and medical treatment deemed appropriate by the health center medical staff. To receive care at the Brady Health Center, I understand my child/dependent must be a currently enrolled student at Frostburg State University.

I also authorize Frostburg State University to release health and insurance information to any physician, hospital, or other medically – related facility involved in my child’s/dependent’s treatment.

I understand that the Brady Health Center does not bill insurance and agree to be responsible for the payment of services rendered by the Brady Health Center staff on behalf of my child/dependent. It is understood that this authorization is given in advance of any specific diagnosis, treatment or medical care being required.

This authorization shall remain effective until the minor child reaches his/her 18th birthday, unless sooner revoked by written notice delivered to the Brady Health Center.

 Parent/Guardian – PRINT

 Relationship to student

 Parent/Guardian – SIGNATURE

_____/_____/_____
 Date

Phone H () _____ W () _____ Cell () _____

Comments _____