

**Rice University Student Health Service
Parental Consent form for Emergency Treatment**

INSTRUCTIONS: Complete this form only if student is a legal minor (less than 18 years of age) as of the first day of orientation week. NOTE: Form must be notarized.

The undersigned, having legal guardianship of _____
a minor, does hereby authorize and direct _____ *(print name of student)*
the nurses and physicians at the Rice University Student Health
Service to provide diagnosis and treatment as their judgment _____
indicates to said minor while said minor is enrolled as a student at _____ *(print date of birth of student)*
Rice University in Houston, TX.

Signed: _____ Date: _____
[Parent(s) or legal guardian(s)]

[Printed Name(s) of Parent(s) or legal guardian(s)]

Address: _____

City, State, Zip (or postal code): _____

Country: _____

NOTARY PUBLIC:
(please sign, date, and affix seal or stamp)

(optional information)

Student's Personal Physician _____ telephone# _____

Please return this completed form to:
Rice University Student Health Service
6100 Main St. - MS#760
Houston, TX 77005
713-348-4966 voice
713-348-5427 fax