



University Health Clinic

Cassidy Hall, 1901 10th Avenue
Greeley, CO 80639
Phone (970) 351-2412 Fax (970) 351-3234
Email form to debra.miller@unco.edu

Student's Name – PLEASE PRINT Bear Number Date of Birth

CONTACTS IN EVENT OF EMERGENCY

EMERGENCY
CONTACT NAME _____ CITY STATE

DAY PHONE (_____) _____ EVENING PHONE (_____) _____

Person to Be Contacted if Above Not Available (_____) Phone

CONSENT FOR TREATMENT OF MINOR

I hereby give consent to treat _____ for routine medical problems, recommended immunizations, and minor emergencies at the University Health Clinic. In the event that the above-named student does not meet the immunization requirements to attend college, I hereby give consent for immunizations to be administered as needed to meet the requirement. I understand that contraindications and side effects of the immunization will be reviewed with my minor child and he/she will be asked to sign a further consent at the time immunizations are to be administered. I further understand that costs or fees are my responsibility.

I understand that this authorization is valid until the time in which the minor identified above reaches his/her 18th birthday.

Signature of Parent/Guardian if Student under 18 Years Date