# 07_UNC_WM+bear_vert

## **STUDENT HEALTH CENTER**

Cassidy Hall, 1901 10th Avenue

Greeley, CO 80639

Phone (970) 351-2412 Fax (970) 351-3234
Email form to debra.miller@unco.edu

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Student’s Name – Please Print Bear Number Date of Birth

**CONTACTS IN EVENT OF EMERGENCY**

EMERGENCY

CONTACT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY STATE

DAY PHONE (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVENING PHONE (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 UNC Student Health Center. 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.

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Signature of Parent/Guardian if Student under 18 Years Date