



OIT Student Health Center

Healing Collaboration Care

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CONSENT AND AUTHORIZATION FOR TREATMENT OF A MINOR AT OREGON INSTITUTE OF TECHNOLOGY STUDENT HEALTH CENTER

I(We), the undersigned, natural parent(s)/persons having legal custody/legal guardianship of a minor, do hereby authorize the staff of the Student Health Center of Oregon Institute of Technology, as agent(s) for the undersigned to consent to any X-ray examination, local anesthesia, medical or surgical diagnosis procedure or treatment, which is deemed advisable by and is to be rendered under the general or special supervision of, any practitioner licensed in the State of Oregon on the medical staff of Oregon Institute of Technology Student Health Center. I/We further authorize all such treatment as may be reasonably necessary. I/We agree to reimburse OIT for the cost of any uninsured medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or medical care being required. It is given to provide authority on the part of our fore said agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a practitioner, meeting the requirements of this authorization, may, in the exercise of his/her judgment, deem advisable.

This authorization shall remain effective from _____, 200__ , or until the minor child reaches his/her eighteenth birthday, unless sooner revoked in writing and delivered to the Student Health Center.

Student Name

Student ID #

Address

Phone

Parent/Legal Guardian Signature

Date