RUTGERS HEALTH SERVICES
PERMISSION TO DIAGNOSE AND TREAT

New Jersey State Law requires that parental permission be obtained in advance for the diagnosis/treatment of a Minor. This consent form should be signed by a Parent or Legal Guardian so that prompt, routine medical care may be delivered without unnecessary delay to a student while he/she is attending a program/conference through Rutgers, the State University of New Jersey.

I, ____________________________________________, give permission for the staff
Parent/Guardian (Print name) at the Rutgers Health Services (Medical Doctor/Nurse Practitioner/Registered Nurse)
to perform a diagnostic evaluation and provide therapeutic treatment of an
illness/injury, or a referral for diagnosis or treatment, as deemed necessary, for my
son/daughter, _____________________________________ RUID: ____________________.
Print Name

I certify by my signature that I understand the nature of this consent and agree to its provisions.

_________________________________________  ______________________
Signature                        Date

_____________________________________
Relationship to Minor

_____________________________________
Cell Phone Number