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/while he/she is attending a program/conference through Rutgers, the State University of New Jersey.

I ______________________________, give permission for the staff at the Rutgers Health Services (Medical Practitioner/Registered Nurse) to perform a diagnostic evaluation and provide therapeutic treatment of an illness/injury, or referral for diagnosis or treatment, as deemed necessary, for my son / daughter, ____________________________.

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

Signature of Parent/Legal Guardian ______________________________
Date ______________________________

Relationship to Minor ______________________________

Signature of Minor ______________________________