



Parent/Guardian Medical Consent for Minors

Please print this form, read and complete the information below if your child is under age 18. You will then upload this form in the Document Upload Section on the Student Health Portal

I authorize West Liberty University Student Health Services to render any treatment or care deemed necessary to the health and well-being of my child.

In case of an emergency, I grant the following people permission to sign any and all necessary medical forms on my behalf: WLU Student Health Services Staff, Vice President of Student Services or his/her designee, Mental Health Counselor, Campus Police, Director of Housing and Residence Life, and Residence Life Area Coordinators. It is understood that the above designated officials of West Liberty University are in no way financially responsible or liable for any or all medical care, treatment, or surgery performed.

I grant permission for the transfer of my child to an accredited hospital or other care facility if deemed necessary.

I agree to be responsible for any expense in connection with the aforesaid, where my insurance does not provide payment of the same.

I grant permission for the hospital or other care facility to provide information concerning my child's treatment by their facility to West Liberty University Student Health Services.

In addition to the consent granted above, I attest that I have reviewed all forms completed on my child's Student Health Portal including, but not limited to: Emergency Contact form, HIPAA Privacy form, Immunization History, Student Medical History, and Tuberculosis Screening Questionnaire. All documented answers on these forms are true and accurate to the best of my knowledge.

Name of Student (please print) _____

Name of Parent/Legal Guardian (please print) _____

Signature of Parent/Legal Guardian _____

Phone Number of Parent/Legal Guardian _____

Date _____