Gustavus Adolphus College Health Service – Minor Consent to Treatment Form

Students under the age of 18 cannot be treated for health related services without consent. Exceptions to this are governed by Minnesota Statutes, Chapter 144. Exceptions are summarized below and all other treatment requires parental/guardian consent. In signing below, I give Gustavus Adolphus College Health Service permission to treat my child while a registered student at Gustavus. I may revoke this consent at any time with written notice to Gustavus Adolphus College Health Service.

Conditions When Parental Consent Is Not Needed for Treatment of Minors

144.341 Living apart from parents and managing financial affairs, consent for self.

☐ Any minor who is living apart from parent(s) or legal guardian, with or without the consent to do so and regardless of the duration of the separate residence, and who is financially independent, regardless of the source or extent of the minor's income, may give effective consent for personal medical, dental, mental and other health services, and the consent of no other person is required.

144.342 Marriage or giving birth, consent for health service for self or child.

☐ Any minor who has been married or has borne a child may give effective consent of personal medical, mental, dental, and other health services, or to services for the minor's child, and the consent of no other person is required.

144.343 Pregnancy, venereal disease, alcohol or drug abuse, abortion.

☐ Associated minor may give effective consent for medical, mental, and other health services to determine the presence of or to treat pregnancy and conditions therewith, venereal disease, alcohol and other drug abuse, and the consent of no other person is required.

144.344 Emergency Treatment.

☐ Medical, dental, mental, and other health services may be rendered to minors of any age without the consent of a parent or legal guardian when, in the professional's judgement, the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.

144.3441 Hepatitis B vaccination.

☐ A minor may give effective consent for a hepatitis B vaccination. The consent of no other person is required.

144.345 Representations to persons rendering services.

☐ The consent of a minor who claims to be able to give effective consent for the purpose of receiving medical, dental, mental, or other health services but who may not in fact do so, shall be deemed effective without the consent of the minor's parent or legal guardian, if the person rendering the service relied in good faith upon the representations of the minor.

144.346 Information to parents.

☐ The professional may inform the parent or legal guardian of the minor patient of any treatment given or needed where, in the judgment of the professional, failure to inform the parent or guardian would seriously jeopardize the health of the minor patient.

144.347 Financial responsibility.

☐ A minor so consenting for such health services shall thereby assume financial responsibility for the cost of said services.

Student consent: I have checked a box above indicating my qualification as a minor not requiring parental consent

I understand that I am responsible for all costs incurred and that Gustavus will submit to health insurance plans

_____ _____

Student Signature Date

Parental/Legal Guardian consent: (if the above conditions are not met, parental consent is required)

I give Gustavus Adolphus College Health Service permission to treat:

_____ _____

Full name of minor child (PRINTED) Date of Birth

My signature indicates that I am the legal parents or guardian of the above named minor and that I am allowing my child to be treated at the Gustavus Adolphus College Health Service in the event of an accident, injury, illness, or other medical condition. I understand that I am responsible for all costs incurred and that Gustavus will submit to health insurance plans. I recognize that I have the right to revoke this consent and that this consent is not needed when the above named student reaches the age of 18 or meets any of the conditions identified above.

_____ _____ _____

Parent/Guardian Signature Name of Parent/Guardian (PRINTED) Date