IOWA | Student Health

4189 Westlawn
Iowa City, Iowa 52242-1100
Phone:319-335-8370
http://studenthealth.uiowa.edu

PARENT/GUARDIAN AUTHORIZATION & CONSENT TO TREAT MINOR or DEPENDENT ADULT STUDENT

Student Name: _____ **Student ID #** _____

Date of Birth:_____/_____/_____
month/ day /year

Parent/Guardian Complete the Following

I grant the University of Iowa Student Health healthcare providers and staff permission to provide medical care for my student should this be necessary while enrolled at The University of Iowa.

_____
Parent/Guardian (Please Print)

_____ _____
Parent/Guardian Signature Date (month/day/year)

Street Address: _____ Country: _____

City: _____ State: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email address: _____

Please scan and e-mail to student-health@uiowa.edu OR fax to 319-335-7247.