



LAKE FOREST  
COLLEGE

# Health and Wellness Center

## Parental/Guardian Consent

### Treatment/Sharing of Medical Information of a Minor (Under age of 18 years)

I, \_\_\_\_\_, the parent or legal guardian of  
\_\_\_\_\_, consent to my child (under 18  
years of age) receiving services at the Lake Forest College Health & Wellness Center.

The purpose of the consent is to allow for:

- 1) The sharing/exchange of relevant medical information between Lake Forest College representatives (officials, faculty, staff), Lake Forest College Health and Wellness Center, and, for the purpose of diagnosis and/or treatment, other medical providers. Each of the above individuals or entities is also authorized to communicate and discuss health matters with the parents/guardians/emergency contacts of my minor child.
- 2) The transportation of my minor child, under appropriate circumstances, to area hospitals for diagnosis and treatment.
- 3) The provision, by Lake Forest College Health and Wellness Center, of such diagnostic, therapeutic, voluntary immunization, and operative procedures as may be deemed necessary for my minor child.

I understand that the Health and Wellness Center will not contact me regarding ongoing health or counseling appointments, but will contact me if a situation of urgency or imminent danger arises. I also understand that any and all related expenses will be the responsibility of the student and/or parent/guardian.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number