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

I, __________________________, give permission for the staff at 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