

**RUTGERS HEALTH SERVICES  
PERMISSION TO DIAGNOSE AND  
TREAT**

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**