

Student Health Department Consent Form for Emergency Treatment

INSTRUCTIONS: Complete this form only if student is a legal minor (less than 18 years of age) or less than 21 years of age and will be traveling to other states with the university for any reason as of the first day of orientation week. NOTE: **Form must be notarized.**

The undersigned, having legal guardianship of _____
does hereby authorize and direct a doctor in a clinic or emergency room (or physician assistant working with him/her) to provide diagnosis and treatment as their judgment indicates to said minor
while said minor is enrolled as a student at Oklahoma Wesleyan University in Bartlesville, OK.

It is OWU's policy that each student must have health insurance coverage. OWU carries a minimal accident insurance policy on all full-time students. This policy is a supplemental coverage, which pays only after other collectable group or individual insurance has paid. Oklahoma Wesleyan University is not responsible for payment of any medical bills.

Signed: _____
[Parent(s) or legal guardian(s)]

Date: _____

[Printed Name(s) of Parent(s) or legal guardian(s)]

(print date of birth of student)

Address: _____

Student Allergies: _____

Current Medications: _____

Country: _____

Known Illness(es) or Disease(s): _____

Telephone Number: _____

NOTARY PUBLIC _____ Date
(Please sign, date, and affix seal or stamp)
Subscribed and sworn to/before me a Notary Public
in and for the County of _____

My commission number: _____

My commission expires: _____

Please return this completed form to:
Student Health Department
Oklahoma Wesleyan University
2201 Silver Lake Road
Bartlesville, OK 74006
918-335-6264