Student Health and Wellness Health Care Clinic 700 University Blvd., MSC 112 Kingsville, Texas 78363 Phone (361) 593-3991 Fax (361) 593-2006



Consent for Medical Treatment of a Minor 2022-2023

Prior to receiving services within the Texas A&M University-Kingsville Health Care Clinic, a parent or guardian of any student under the age of 18 is required by law to give consent for medical treatment of a minor. Consent may be given to the Health Care Clinic by completing all sections of this form and returning it to the Health Care Clinic as noted below. Once the form is received by the Health Care Clinic, it will be valid until the minor patient turns 18 years of age or until the parent or guardian revokes it in writing.

The completed consent form may be returned to the Health Care Clinic by any one of the following:

- Mailing the form to the mailing address above.
- Faxing the form to the fax number above. Attention should be to "Staff Nurses."
- Placing the form in the black drop box located outside of the Student Health and Wellness front door at 1210 N. Retama Street.
- Returning the form through the medical portal using the directions found on the portal (https://medicalportal.tamuk.edu/). Only currently enrolled students have access to the portal.
- Please do not email this form. Forms sent by email cannot be accepted.

Contact Information	
Name of student	
K# of student	Date of birth of student
Permanent address (include number, street, city, state and zip code)	
Kingsville address of student (if known and if different from permanent address)	
Phone number of student	
Parent or Guardian name	
Relation of parent or guardian to student	
Phone number of parent or guardian	

Medical Information Related to Minor	
Major medical history, including surgeries	
Current medications, including over the counter medications (OTC)	
Allergies to medications	
Date of last tetanus (Td or Tdap) vaccine	
Date Of last tetanus (Tu Of Tuap) vaccine	
Parent or Legal Guardian Consent Statement and Signature	
I, (print your name), the parent/legal guardian of	
(print your student's name), give my consent for medical evaluation (including in a face-to-face visit, in an audio only visit, or in an audiovisual visit) and treatment of this minor by a	
licensed health care professional should the need arise while he/she is attending Texas A&M University-Kingsville. I	
understand that evaluation and treatment will be provided within the scope of practice of the Health Care Clinic	
professionals using the resources available within the Health Care Clinic and using standards of care related to the	
professional's field. I understand I may revoke this consent in writing at any time. I understand that otherwise this	
consent will expire when my student turns 18 years of age at which time they will be allowed to give consent for	
medical treatment on their own.	
Signature of Parent or Legal Guardian (digital signatures not accepted)	
Date	
Date	
FOR CLINIC USE ONLY	
Parental/guardian consent for treatment was obtained by telephone from the two HCC staff members below:	
Name of Parent/Legal Guardian:	
Date and Time Consent was Obtained:	
By:	
By:AND Name and Signature of HCC Staff Member Obtaining Consent	
By: Name and Signature of HCC Staff Member Obtaining Consent	
Name and Signature of NCC Stan Member Obtaining Consent	

Revised September 13, 2022