



**East Carolina University
Student Health Service**

Parental Consent for Treatment of Students
Under 18-Years-Old

I, being the parent or guardian of _____, do hereby request and authorize **East Carolina University Student Health Service** to perform necessary medical treatment for my child which is deemed advisable by the physician, whether or not I am present at the actual appointment.

Student Name _____

Student ECU Banner # _____

Signature of Parent or Guardian

Date and Time

Witness

Date and Time