



Parental Consent for Treatment of Students Under 18-Years Old

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

Student Name _____

Student Banner# _____

Student Date of Birth _____

Signature of Parent or Guardian

Date and Time

You can submit the form via Fax, Email or upload to your patient portal.

Fax: 910.521.6549

Email: shs@uncp.edu

Online Patient Portal: uncp.medicatconnect.com