



CONNECTICUT COLLEGE

STUDENT HEALTH SERVICES

CONSENT TO TREAT

I, _____, authorize Connecticut College Student Health
(parent/guardian)

Services to provide medical treatment and services, or when circumstances require immediate action, to proceed according to medical practices. This consent remains in effect until my

_____ reaches age 18. I understand I will be informed, in a timely
(student name)

manner, of medical treatment and any emergency care provided.

Student Name: _____

Date of Birth: _____

Parent/Guardian Signature

Date