



PARENTAL CONSENT FOR MEDICAL CARE FOR UNDERAGE STUDENTS

Arizona law requires parental consent for medical, surgical, and psychiatric treatment of minors. (In Arizona, minors are individuals under 18 years of age.) If your minor son or daughter will be enrolled as a student at the Arizona State University (ASU) American English and Culture Program, please complete the medical treatment consent form below.

Please return this form to:

Global Launch
Arizona State University
P.O. Box 879701
Tempe, AZ 85287-3504 USA

LearnEnglish@asu.edu
480-223-6315. (FAX)
480.965.2376 (Phone)
<http://esl.asu.edu/>

We will forward this form to ASU Campus Health Services.

KEEP A COPY OF THIS FORM WITH YOU AT ALL TIMES WHILE IN THE U.S.

CONSENT TO MEDICAL TREATMENT

Please Type or Print

I, (parent's/legal guardian's name) _____, am the parent or legal guardian of (applicant's name) _____, a minor, whose date of birth is _____, and whose ASU student identification number is _____.

I hereby consent to the performance of medical or minor surgical treatment by ASU Campus Health Services medical staff or any hospital on my son or daughter while he/she is a student at ASU Global Launch.

Parent/Legal Guardian Name: _____

Emergency Telephone Numbers: _____ (Home) _____ (Other)

Address: _____

E-Mail Address: _____

Parent/Legal Guardian Signature: _____ Date _____

For office use only: Student Campus Health Student Activities Student File