



Parental Consent Form

St. Olaf Student Health Services
Treatment of a minor

Authorization is hereby given to St. Olaf Health Service, to provide medical care for:

_____, _____, a minor.
Name Student ID Date of birth

This form is valid for all medical treatment from _____ to _____
Date Date

Name of person granting permission (parent/guardian) Phone

Signature (parent/guardian) Date

Please mail to:
St Olaf College
Attn: Health Service
1520 St Olaf Avenue
Northfield, MN 55057

*Form may also be emailed to healthservices@stolaf.edu or faxed to 507-786-3943