

Parental Consent Form

St Olaf College
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 or guardian)

Date

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