CONSENT FOR MEDICAL OR PSYCHOLOGICAL TREATMENT

To be completed by your parent/guardian if student is under 18 years of age

Student Name: ________________________________

Bentley Id: @ ________________________________

Consent for Medical or Psychological Treatment

I give permission for medical treatment for my son/daughter/minor, if an accident/illness should occur while a student at Bentley. This includes referral to a local hospital, hospitalization, anesthesia and/or surgery should it be necessary. I also give consent for psychological and medical treatment, including medication, if necessary, should my son/daughter/minor request such treatment while a student at Bentley.

Parent/Guardian’s name (please print): ________________________________

Parent/Guardian’s signature: ________________________________

Emergency Contact Phone Number: ________________________________

Relationship: ________________________________

Date: ________________________________

Student Signature: ________________________________

Once form is completed, use the Document Upload feature in Online Student Health (https://onlinehealth.bentley.edu) to submit the form.