

# UTM Student Health and Counseling Services

## CONSENT FOR TREATMENT OF MINORS

### Parent/Guardian Consent For Students Under the Age of 18

Student Health and Counseling Services (SHCS) at the University of Tennessee at Martin (UTM) provides holistic mental and physical wellness care, preventative health care, counseling services, treatment for illness or injury, and health education on an outpatient basis. In some instances, UTM's SHCS refers students to health care providers in the community when it is assessed that the student would be best served off campus.

Except for emergencies, the State of Tennessee requires that a person be 18 years of age before he/she can receive medical treatment and/or mental health counseling without the consent of a parent or guardian. It is often difficult to reach a parent or guardian to obtain consent each time that a student under 18 requires treatment, and it can be frustrating for the minor student awaiting treatment. Therefore, parents/guardians are given this opportunity to provide the information on this form and consent below to facilitate treatment should a need arise.

As the parent or guardian with authority to consent on behalf of the minor student listed on this form, I hereby give my consent for both emergency and routine medical treatments and/or mental health counseling to be administered to this minor at the University of Tennessee at Martin Student Health and Counseling Services should the health care providers at SHCS determine his/her condition indicates, so long as the treatments are in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved.

This consent shall remain valid at all times while the minor student qualifies for services at UTM Student Health and Counseling Services and lacks the capacity to provide consent for treatment.

All statements made above are true to the best of my knowledge.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
UTM Student ID

\_\_\_\_\_  
Signature of Authorized Parent or Guardian

\_\_\_\_\_  
Date

### **STUDENT HEALTH AND COUNSELING SERVICES**

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