



HEALTH SERVICES
Student Services

SETON HALL UNIVERSITY

Accredited by the



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

PARENT/GUARDIAN CONSENT

Complete only for students less than 18 years of age after August 20th

The law requires that parental permission be obtained for medical evaluation and treatment for minors. If your child is under 18 years of age after August 20th, please complete this authorization form and return it to Health Services. *Your student may upload this document into their Student Health Portal (Log into PirateNet, Select Student Health Portal, Select "Upload", Select "Minor Consent Form" to upload documentation into your Student Health Portal) fax or mail it to Health Services.*

I give permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter/ward. (Please note this consent expires once the student is 18 years old.)

Student's Name (Print) _____

Student's ID # _____

Student Date of Birth _____

Parent /Guardian Name (Print) _____

Parent/Guardian Signature _____

Relationship _____

Parent/Guardian Phone number _____ Date _____

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