



University Health Services  
University of Cincinnati  
PO Box 210010  
Cincinnati, Ohio 45221-0010

Lindner Athletic Center, 3<sup>rd</sup> floor  
(513) 556-2564 Phone  
(513) 556-1337 Fax

**FOR STUDENTS UNDER 18 YEARS OF AGE  
PARENTAL CONSENT FOR TREATMENT**

I, the undersigned, authorize the physicians of University Health Services of the University of Cincinnati, to treat my son/daughter. This authorization covers the visit and any care deemed necessary by the treating physician.

This authorization is good for the academic year \_\_\_\_\_.

**PLEASE PRINT:**

Student's Name: \_\_\_\_\_  
(last) (first)

Student's Date of Birth: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Parent's/Guardian's Phone number: \_\_\_\_\_

**NOTE:**

Primary care is prepaid for students insured under the UC Student Health Insurance Program.

UHS has no providership agreements with any insurance company other than Student Health Insurance. Students are responsible for any charges not covered by their specific health insurance plan.

