



Florida Gulf Coast University
Student Health Services
(239) 590-7966 phone
(239) 590-7575 fax

**THIS FORM IS FOR CONSENT
FOR MEDICAL TREATMENT ONLY –
NOT FOR RELEASE OF PATIENT INFORMATION.**

Parental Consent for Minors

Student Name (please print) _____

Student ID # _____

Date of Birth _____

I hereby give consent for my son/daughter (as named above) to receive medical care as deemed necessary at Florida Gulf Coast University's Student Health Services.

Parent/Guardian Signature _____

Date _____

Parental Consent for Minors
Received via Phone Conversation

Parent/Guardian name _____

Phone number called _____

FGCU staff _____

Date _____