



University of Hawai'i  
**University Health Services Mānoa**  
1710 East-West Road, Honolulu, Hawai'i 96822  
Phone: 808-956-8965

Upload form to your Patient Access Portal: <https://healthservices.hawaii.edu>

## AUTHORIZATION AND CONSENT FOR TREATMENT OF MINORS

NAME: \_\_\_\_\_ UH ID #: \_\_\_\_\_  
Last First Middle Initial

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ UH EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

To be completed by Parent or Legal Guardian if the student is under the age of 18 when seeking health services from the University.

I, the parent/legal guardian of \_\_\_\_\_ (print student's name), in consideration of the services rendered by the University Health Services Manoa (UHSM), hereby voluntarily and knowingly, authorize and give my express consent to *UHSM* for the administration of TB tests, immunizations, medical treatment for illnesses or injuries, and emergency care to the above-named student as deemed necessary by the *UHSM* staff.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Last Name, First Name: \_\_\_\_\_