



STUDENT HEALTH AND COUNSELING CENTER

University of Alaska Fairbanks

1788 Yukon Drive, Fairbanks, AK 99775
Ph. (907) 474-7043 fax (907) 474-5777
Email: uaf-sh-cc@alaska.edu

Parental Consent to Treat a Minor

Student Name: _____ Date of Birth: _____ Student ID#: _____

The UAF Student Health and Counseling Center provides Primary Medical Care and Counseling Services. For more information, please visit www.uaf.edu/chc.

I hereby authorize and give consent to the UAF Student Health and Counseling Center (SHCC) to provide or administer (please initial each service for which you consent):

- _____ all vaccines, with following exceptions _____
_____ Acute and primary medical care, and/or
_____ counseling/psychological diagnostic and treatment services.

This authorization will expire in one year or upon the 18th birthday of listed minor.

Financial Responsibility: Eligible students who have paid the UAF student health fee are entitled to access services, however, there are charges for medications, lab visits, supplies or extended counseling visits. Payment can be made by cash or credit/debit card at the time services are rendered or can be put on the student's UA account. A Walk-Out Statement is available for each patient visit and may be used in filing for reimbursement with your insurance company. The cost of services provided by SHCC is the responsibility of the student, parent or legal representative.

Print Name of Parent or Legal Representative Relationship phone#
Signature of Parent or Legal Representative Signature Date
Witness Date