



# Student Well-Being

## Informed Consent Form for Minors or Other Incapacitated Persons

Dear Parent or Legal Guardian:

The purpose of this consent form is to obtain permission from the parent or legal guardian for Missouri University of Science and Technology Student Well-Being to treat a patient who is under the age of 18 and therefore legally a minor, or other incapacitated person.

### Consent

Missouri University of Science and Technology Student Well-Being has my permission to treat mental health needs and agrees to the attached informed consent.

Student Name \_\_\_\_\_

Student # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Print Name of Parent/Guardian Relationship  
\_\_\_\_\_

Signature Date  
\_\_\_\_\_

Street Address, City, State and Zip Phone Number  
\_\_\_\_\_

