

Student Name (Last Name, First)

Student ID#

Campus Health Services  
*Northern Arizona University*

PARENTAL AUTHORIZATION FOR MENTAL HEALTH AND  
MEDICAL CARE FOR UNDERAGE NAU STUDENTS:

Generally, Arizona law requires parental consent for mental health, medical and surgical treatment of minors (in Arizona, minors are individuals under 18 years of age). If your minor child will be enrolled as a student at Northern Arizona University, you are encouraged to complete the mental health and medical treatment form below. Please return the form to: **Campus Health Medical Services, P.O. Box 6033, Flagstaff, AZ 86001-6033.**

Please print or type:

**AUTHORIZATION FOR MENTAL HEALTH TREATMENT**

I, (name) \_\_\_\_\_ / \_\_\_\_\_, am the parent or legal guardian of (student) \_\_\_\_\_, a minor, whose date of birth is \_\_\_\_\_. I hereby authorize the Northern Arizona University Campus Health Services (Counseling and Medical Services) staff to provide mental health services to my minor student while they are a Northern Arizona University student. These services, provided under the direction of a licensed provider, may include, but are not limited to, short-term psychological counseling and consultation, video recording of individual sessions for training purposes, institutional testing, medication management, substance abuse and educational programming, and referrals to other community resources.

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

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

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

**AUTHORIZATION FOR MEDICAL TREATMENT**

I, (name) \_\_\_\_\_, am the parent or legal guardian of (student) \_\_\_\_\_, a minor, whose date of birth is \_\_\_\_\_. I hereby authorize the Northern Arizona University Campus Health Services, Medical Services staff to provide medical and minor surgical treatment to my minor student while they are a Northern Arizona University student. These treatments, provided under the direction of a licensed provider, may include, but are not limited to, acute illness and injury care management. Acute illness and injury care management may necessitate drug prescriptions, laboratory and x-ray procedures, and minor surgery, such as simple laceration repair. Campus Health Services is fully accredited by the Accreditation Association for Ambulatory Health Care.

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

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

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

If the minor's parents are divorced and have been awarded joint legal custody, both parents' signatures are required. This form may be signed in counterparts. A copy of this form shall be valid as the original.