



NJIT-Student Health Services
Located at Saint Michaels Medical Center
111 Central Avenue
Newark, NJ 07102
Office #973-596-3621

CONSENT FOR TREATMENT OF A MINOR

I give authorization to the NJIT Student Health Service located at Saint Michael's Medical Center to provide, upon request of my minor son/daughter.

Name: _____ Date of Birth _____

All ordinary examinations and medical treatment until he/she reaches 18 years of age.

I also give my permission for the Student Health Service personnel to authorize any necessary emergency care prior to the time I can be reached to give permission.

I am giving St Michael's Medical Center the authority to release any Covid results to NJIT.

Date Signature of Parent/Guardian

SMMC STAFF USE ONLY FOR TELEPHONE CONSENT

Parental/guardian authorization given Yes No

Date and time of consent: _____
Date Time

Method of verification of identity **Complete all that apply**

Call to: Home Work

Student's name _____ Student's DOB _____

Parent/guardian name _____

Parent/guardian address _____

Home phone number _____ Work phone number _____

Staff Signature: _____ Date: _____