St. Cloud State University Student Health Services - Minor Consent to Treatment Form

Students under the age of 18 cannot be treated for health related services without consent. Exceptions to this are governed by Minnesota Statutes, Chapter 144. Exceptions are summarized below and all other treatment requires parental/legal guardian consent.

Conditions When Parental Consent Is Not Needed For Treatment of Minors

_____ 144.341 Living apart from parents and managing financial affairs, consent for self.
Notwithstanding any other provision of law, any minor who is living separate and apart from parent(s) or legal guardian, whether with or without the consent of a parent or guardian and regardless of the duration of such separate residence, and who is managing personal financial affairs, regardless of the source or extent of the minor's income, may give effective consent to personal medical, dental, mental and other health services, and the consent of no other person is required.

_____ 144.342 Marriage or giving birth, consent for health service for self or child.
Any minor who has been married or has borne a child may give effective consent to personal medical, mental, dental and other health services, or to services for the minor's child, and the consent of no other person is required.

_____ 144.343 Pregnancy, venereal disease, alcohol or drug abuse, abortion.
Any minor may give effective consent for medical, mental and other health services to determine the presence of or to treat pregnancy and conditions associated therewith, venereal disease, alcohol and other drug abuse, and the consent of no other person is required.

_____ 144.344 Emergency treatment.
Medical, dental, mental and other health services may be rendered to minors of any age without the consent of a parent or legal guardian when, in the professional's judgment, the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.

_____ 144.3441 Hepatitis B vaccination.
A minor may give effective consent for a hepatitis B vaccination. The consent of no other person is required.

144.345 Representations to persons rendering service.
The consent of a minor who claims to be able to give effective consent for the purpose of receiving medical, dental, mental or other health services but who may not in fact do so, shall be deemed effective without the consent of the minor's parent or legal guardian, if the person rendering the service relied in good faith upon the representations of the minor.

144.346 Information to parents.
The professional may inform the parent or legal guardian of the minor patient of any treatment given or needed where, in the judgment of the professional, failure to inform the parent or guardian would seriously jeopardize the health of the minor patient.

144.347 Financial responsibility.
A minor so consenting for such health services shall thereby assume financial responsibility for the cost of said services.

_____ I have read and meet the guideline indicated above and therefore do not require parental/legal guardian consent.

_____ _____
Patient Signature Date

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Parental/Legal Guardian Consent:
I give SCSU Student Health Services permission to treat:

_____ _____ _____
Full Name of Minor Child Student ID Number Date of Birth

My signature indicates that I am the legal parent or guardian of the above named minor and that I am allowing my child to be treated at the Student Health Service in the event of an accident, injury, illness, or other medical condition while they are a registered student at SCSU. I understand that I am responsible for all costs incurred and that an insurance ready bill will be provided for me to submit to my insurance company if my insurance company is not a company that SCSU contracts with. I recognize that I have the right to revoke this consent at any time with written notice to SCSU Student Health Services and that this consent is not needed when the above named student reaches the age of 18 or meets any of the conditions identified above.

_____ _____
Parent / Legal Guardian Signature Date