

Northeast Community College

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CONSENT FOR TREATMENT OF A MINOR and PERMISSION FOR STUDENT HEALTH AND COUNSELING SERVICES

STUDENT'S NAME	Date of Birth
PLEASE PRINT	
Under Nebraska law, a minor may not receive healtho	care or counseling services without permission of a
parent/legal guardian except under specified circums	tances. A minor is an individual who has not yet
reached their 18th birthday (for mental health service	s) and 19 th birthday (for healthcare services). This
consent can be revoked at any time by written notific	ation from the undersigned parent/guardian. The
consent will automatically expire one year from signa	ture date.
I do hereby indemnify and hold harmless the physicia	n, clinic, hospital, college, and other persons who
act in reliance upon this authorization. Any questions	or concerns related to this form or to the
proposed treatment can be directed to the staff of th	e above offices.
As the parent or legal guardian with the authority to consent of behalf of the minor student named above, I hereby give consent for the minor to seek health care, clinic care, hospital care, treatment, and/or counseling services by the professional staff of the Student Health & Counseling Services at Northeast Community College and the staff of Faith Regional Health Services and Faith Regional Physicians Services.	
Please list any known allergies	 :
List other important medical information:	
Emergency Contact Number/Numbers:	
Parent/Guardian signature and date	Witness Signature and date (in office only)

fax: 402-844-7431

email: stephanie@northeast.edu

email: studenthealthnurse@northeast.edu

CONSENT FOR TREATMENT OF A MINOR FOR STUDENT HEALTH AND COUNSELING SERVICES

PO Box 469

Norfolk, NE 68702-0469

Mail: Northeast Student Health & Counseling Services