



Northeast Community College

801 E Benjamin Avenue-Union 73
Norfolk, NE 68702
402-844-7277

Faith Regional Physician Services

Krystal Preister-Registered Nurse
801 E Benjamin Avenue- Union 73
Norfolk, NE 68702
402-844-7176 Fax 402-844-7431

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 healthcare or counseling services without permission of a parent/legal guardian except under specified circumstances. A minor is an individual who has not yet reached her/his 18th birthday (for mental health services) and 19th birthday (for healthcare services). This consent can be revoked at any time by written notification from the undersigned parent/guardian. The consent will automatically expire one year from signature date.

I do hereby indemnify and hold harmless the physician, 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 the 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)

**Mail: Northeast Student Health and Counseling Services
PO Box 469
Norfolk, NE 68702-0469**

**fax: 402-844-7431
email: counseling@northeast.edu
email: studenthealthnurse@northeast.edu**

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