

UNIVERSITY of  
NORTHERN COLORADO



**STUDENT HEALTH CENTER**

Cassidy Hall, 1901 10<sup>th</sup> Avenue  
Greeley, CO 80639  
Phone (970) 351-2412 Fax (970) 351-2427

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Bear Number

\_\_\_\_\_  
Date of Birth

**CONTACTS IN EVENT OF EMERGENCY**

EMERGENCY

CONTACT NAME \_\_\_\_\_  
CITY STATE

DAY PHONE (\_\_\_\_\_) \_\_\_\_\_ EVENING PHONE (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Person to Be Contacted if Above Not Available Phone

**CONSENT FOR TREATMENT OF MINOR**

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Student's Social Security #

I hereby give consent to treat \_\_\_\_\_ for routine medical problems, recommended immunizations, and minor emergencies at the UNC Student Health Center. In the event that the above-named student does not meet the immunization requirements to attend college, I hereby give consent for immunizations to be administered as needed to meet the requirement. I understand that contraindications and side effects of the immunization will be reviewed with my minor child and he/she will be asked to sign a further consent at the time immunizations are to be administered. I further understand that costs or fees are my responsibility.

I understand that this authorization is valid until the time in which the minor identified above reaches his/her 18<sup>th</sup> birthday.

\_\_\_\_\_  
Signature of Parent/Guardian if Student Under 18 Years

\_\_\_\_\_  
Date