



PARENT/GUARDIAN AUTHORIZATION/CONSENT TO TREAT MINOR CHILD  
AND RELEASE OF LIABILITY

**THIS AFFECTS YOUR LEGAL RIGHTS.  
PLEASE READ CAREFULLY BEFORE SIGNING BELOW.**

Minor Student Name (print only) \_\_\_\_\_

**Parent/Guardian Complete the Following:**

- I grant the University of North Florida Student Health providers permission to provide medical services for my minor child should medical attention be necessary, in a provider’s sole discretion, while my child is enrolled at the University of North Florida.
- I authorize the employees of the English Language Program at the University of North Florida to seek medical treatment for my minor child in the cases of immunization, well-care, medical and/or dental treatment that in their sole discretion are considered necessary.
- As the parents of the minor, I understand and agree that any financial payments for medical or dental treatment are my responsibility. I agree to make payments promptly.

Parent Name (print) \_\_\_\_\_

Address in Country \_\_\_\_\_

Phone Number in Country \_\_\_\_\_

E-mail in Country \_\_\_\_\_

I understand that the University of North Florida assumes no legal responsibility for the care or well-being of the minor student, and I release the University of North Florida from liability for all loss, damage, and injury (including death) whatsoever arising in connection with medical treatment provided by University staff or at University staff’s direction.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Information

UNF ID # \_\_\_\_\_

Address in USA \_\_\_\_\_