

WESTERN ILLINOIS UNIVERSITY

Beu Health Center
Macomb, IL 61455
309/298-1888

PARENTAL PERMIT

The law requires that parental permission be obtained for most medical or surgical procedures for unmarried minors under 18 years of age. An exception to this rule involves the treatment of a minor in an emergency situation. In the emergency situation, where time is of the essence, consent to treatment is not required and can be considered as "implied in law".

In order to facilitate the care and treatment of minors in a non-emergency situation, the following consent form should be signed by the parents and/or guardian so that such procedures can be carried out promptly so that no unnecessary delays will occur with treatment. Please note, however, that in the non-emergency situation, no operation will be performed without parents or guardian being contacted and being fully informed and their consent obtained.

"I hereby give permission for the medical staff of the Student Health Service of Western Illinois University and the Staff Physicians of McDonough District Hospital to perform such diagnostic and therapeutic procedures as they deem necessary for my son/daughter and to share the information pertaining to these procedures":

Print Child's Full Name: _____

Social Security or Student I.D. #: _____

Child's Birth Date: _____

Parent/Guardian Signature: _____

Address: _____

(Print) WIU Parent's Name: _____

Home Phone # (including area code): _____

Business Phone # (including area code): _____

DATE: _____