



Authorization for Medical and Mental Health Treatment of a Minor

(Statement by Parent / Guardian for students under age 18)

As parent or legal guardian of the student identified below and for the purpose of the provision of health care in the state of Iowa, I authorize the staff of Grinnell College's Student Health and Wellness to Provide and/or facilitate any medical and mental health care deemed necessary for my student while he/she/they are enrolled at Grinnell College and until he/she/they reaches legal age. This authorization includes the use and disclosure of my student's medical and mental health information.

I understand and agree that this authorization may be revoked only by written notice to Grinnell College's Student Health and Wellness Director of SHAW Health Services and that if I revoke, the revocation will take effect after it is received by Student Health and Wellness.

I attest that I am the parent or legal guardian of the student identified below and have full authority to consent to medical and mental health treatment of my student.

Name of Minor

Birthday of Minor

Printed Name of Parent/Guardian

Phone Number of Parent/Guardian

Signature of Parent/Guardian

Date