



**Henry Wise Wellness Center  
CMRC Lower Level, 14000 Jericho Park Road  
Bowie, MD 21029  
301-860-4170  
HWWC@bowiestate.edu**

**Treatment of A Minor Consent Form**

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**Parental / Guardian Permit for Treatment of a Minor (for students under 18 on the first day of admission to BSU)**

Student Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give my permission for such diagnosis and therapeutic procedures as may be deemed necessary for my child and agree to present information concerning their medical condition to other responsible officials when deemed necessary.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy