

CABARRUS
COLLEGE
of
HEALTH SCIENCES

CONSENT FOR TREATMENT OF MINOR STUDENT

I hereby authorize CMC-NorthEast, its employees or agents, and any member of its Medical staff to provide medical treatment needed by _____
(name of minor)
as a result of any condition, injury or illness occurring while a student at Cabarrus
College of Health Sciences.

Signature of Parent or Guardian/Date

Witness (NOT A RELATIVE)/Date

NOTE: Parents or Guardians of Minors – NC Law recognizes one’s adulthood and age of responsibility as 18 years of age.

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Revised Fall 2008