



**NORTHERN ILLINOIS
UNIVERSITY**

HEALTH SERVICES
A Division of Student Affairs
DeKalb, IL 60115-2879
(815) 753-1311 Fax (815) 753-9599

Dear Parent or Guardian;

Health Services would like to welcome you and your student to Northern Illinois University. Our goal is to keep your student healthy during their academic experience. It has been brought to our attention that your student is under the age of 18. Any student under the age of 18 must have parental permission of file in our office before they can receive treatment at Health Services. We ask that you sign this authorization for treatment in the space indicated at the bottom of the form. Please mail, fax or hand carry it back to our office. Please feel free to contact us if you have any questions.

Sincerely,

Karen L. Frazer, RHIA
Health Information Manager
Northern Illinois University, Health Services

Parental Permission to Treat Statement:

Students Name: (please print) First name Last name

Social Security Number Birth date

I hereby give permission to the staff of Northern Illinois University, Health Services, to perform such diagnostic, therapeutic, and surgical procedures as they deem necessary for my son/daughter while he/she is in attendance at Northern Illinois University.

Parent/Guardian Signature Date

Relationship to patient

Accredited by the Accreditation Association for Ambulatory Health Care
Northern Illinois University is an Equal Opportunity/Affirmative Action Institution