

**WPI HEALTH SERVICES  
AUTHORIZATION TO TREAT A MINOR**

Massachusetts law requires a parent or guardian's consent for medical treatment of a minor. If your child/dependent is a student, or attending a program, at WPI, the following form must be completed.

I, \_\_\_\_\_ am the parent/guardian of  
*(please print)*

\_\_\_\_\_, date of birth \_\_\_\_\_,  
*(please print)*

who is currently a minor.

I authorize WPI Health Services to provide routine medical and/or mental health care to my child/dependent, including but not limited to, diagnostic examinations, medical treatment and mental health counseling.

I understand that if an injury/illness is determined to be life-threatening, arrangements will be made to take my child/dependent to a hospital and that WPI Health Services will make every effort to contact me.

I understand there are certain conditions, such as pregnancy, sexually transmitted diseases and drug/alcohol addiction, for which my minor child/dependent may consent to treatment without my knowledge.

I further understand that once my child/dependent reaches the age of 18, my consent for any treatment is no longer required.

By my signature, I acknowledge that I have read and understand this authorization, and that any questions I have prior to signing can be answered by calling WPI Health Services at 508-831-5520.

\_\_\_\_\_  
*(Parent/guardian signature)*

Date: \_\_\_\_\_

**PARENT/GUARIDAN EMERGENCY CONTACTS:**

Name: \_\_\_\_\_

Phone (day): \_\_\_\_\_

Phone (evening): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Name: \_\_\_\_\_

Phone (day): \_\_\_\_\_

Phone (evening): \_\_\_\_\_

Phone (cell): \_\_\_\_\_