

## 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**

Parental / Guardian Permit for Treatn	icht of a millor flor staachts and	er 18 on the mist day of admission to B30)	
Student Name: (Last)	(First)	(Middle)	
Student ID: Dat	re of Birth:/		
give my permission for such diagnosis nformation concerning their medical c		ay be deemed necessary for my child and agree to cials when deemed necessary.	presen
Signature			
Print Name			
Relationship to Student			
Date//			