



*Please Print Clearly*

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Net ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name and Phone Number of Emergency Contact: \_\_\_\_\_

Residence Address: \_\_\_\_\_

## Medical Consent Form to Treat Minor

I, \_\_\_\_\_ *[Printed Name of Student's Parent/ Guardian]*, as the parent or legal guardian of \_\_\_\_\_ *[Student Name]*, do hereby grant my consent to my child receiving medical care provided by Duke Kunshan University Health Services and its authorized healthcare provider (the "on-campus clinic"), and hereby authorize the on-campus clinic to make all health care decisions as may be considered necessary or advisable by the physicians for my child when he/she receives treatment in on-campus clinic. These decisions include but are not limited to various medically related diagnosis, procedures and treatments.

I hereby acknowledge that this Consent Form will remain in effect from the date of signature until the student reaches age 18.

\_\_\_\_\_  
Signature of Student's Parent/Guardian

\_\_\_\_\_  
Date