



Office of the Student Health Clinic & Counseling Center
PO Box 128
Virginia Building, Office of Student Affairs
Banner Elk, NC 28604
898-828-8798 (Health Clinic)/898-828-3155 (Counseling Center)
healthservices@lmc.edu

Medical Consent Form for Minors

Dear Parent or Legal Guardian,

The purpose of this consent form is to obtain permission from the parent or legal guardian for Lees-McRae College Student Health Clinic and Counseling Center to treat a student who is under the age of 18 and therefore legally be a minor.

Lees-McRae College Student Health Clinic and Counseling Center has my permission to treat my child, (Name of Student) _____, with the date of birth, _____ in the event of a medical emergency. Lees-McRae College Student Health Clinic and Counseling Center also has my permission to treat my child for routine medical care, including check-ups, immunizations, and/or treatment of minor injuries or illness.

Name of Parent/Guardian of Minor (print): _____

Relationship to student: _____

Signature of Parent/Guardian of Minor: _____

Date: _____

Street Address: _____ Primary Phone: _____

City/State/Zip: _____

Once signed, the parent/guardian may scan the document and send it via email to healthservices@lmc.edu or mail the document to the address listed above.