



Minor Student Consent Form

Minor Information Section:

_____	_____	_____
Minor Student Name (Last, First, M)	Date of Birth	Name of Camp
_____	_____	_____
Street Address	City, State, Zip Code	Phone Number

Parent or Legal Guardian Information Section:

_____	_____	_____
Parent/Legal Guardian Name (Last, First)	Phone Number	Email Address

Please remove me from Dallas College youth camp/program communications
(Select Option) Yes / No

Consent to Emergency Treatment:

Dallas College on behalf of _____ Campus/Center is and educational institution in which _____, the student, is enrolled. Texas law requires parent/legal guardian consent for medical treatment of minors. This Consent to Medical Treatment Form grants authority to Dallas College to provide, to the extent allowed by law, and/or to consent to, seek, and/or arrange for emergency medical treatment or other medical services deemed necessary for a minor (under age 18) student enrolled in Dallas College.

Medical Information Related to Minor Student:

Allergies: _____

Current Medications: _____

Pertinent Medical History: _____

If necessary, please attach a separate page listing any additional allergies, medications, or medical history.

I _____, the parent/guardian of _____ give my consent for medical treatment of the above-named minor student by a licensed health

