Wheaton College Student Health Services Emergency Contact Information and Treatment of Minors

Emergency Contact Number for Minor's Parent or Guardian:

All active Wheaton College students that are minors (less than 18 years of age) must have a parent or guardian that can be contacted in case of a medical emergency or if medical treatment is needed. The parent or guardian must be a responsible adult preferably greater than 21 years old and present in the United States of America.

(hereafter "Minor") DOB:	, ID#	, is a minor.
The following person(s) are the named p	arent or guardian:	
Address:		
City/State:		
Home Phone Number:		
Cell Phone Number:		
E-mail Address:		
Health Services □ Athletics □ HoneyRe minor injuries or illnesses experienced by post procedure of the incident and treatm of emergency treatment, the Designated and all professional emergency personne may include any X-ray, anesthetic, blood treatment, or hospital care deemed advisa supervision of, any licensed physician, so	y the Minor and then will inform the nent. If the injury or illness is life the Adult authorizes the above department to attend, transport, and treat the later transfusion, medication, or other table by, and to be rendered under the	ne Designated Adult areatening or in need nents to summon any minor. This consent nedical diagnosis,
or institution duly licensed to practice in	the State in which such treatment i	nedical professional s to occur. The
Designated Adult agrees to assume finan	the State in which such treatment is cial responsibility for all expenses	nedical professional s to occur. The of such care.
Designated Adult agrees to assume finan authorization is effective through:	the State in which such treatment is a cial responsibility for all expenses Signed this do	nedical professional s to occur. The of such care. ay of, 20
Designated Adult agrees to assume finan	the State in which such treatment is a cial responsibility for all expenses Signed this do	nedical professional s to occur. The of such care. ay of, 20

Wheaton College Student Health Services Informed Consent Regarding Medical Services for Minors

	I, the Designated Adult, real College to be eligible to receand/or Athletics.					
	I, the Designated Adult, und operation of Wheaton Colleg			•		
	I, the Designated Adult under and/or medical provider by v Health Services, HoneyRock operation of the Student Hea	way of referral by a x, Athletic Departme	Registered Nurse at ent, or due to the lim	Wheaton College Student		
	I, the Designated Adult, und HoneyRock by a Registered instructions for self-care with	Nurse, Athletic Tra	iner or behavioral he			
	I, the Designated Adult, und HoneyRock, Athletic physic will not be provided until the parent/guardian.	ian or nurse practiti	oner and given a dia	gnosis. However, treatment		
	I, the Designated Adult, und may be provided to the Mind			ertain mental health therapies ian. Initial:		
	I, the Designated Adult, authorize Student Health Services/HoneyRock/Athletics to provide the following medications/procedures to the Minor after assessment by a licensed professional without prior notification from the Designated Adult if not otherwise contraindicated:					
	□ Tylenol/Acetaminophen	□ Ibuprofen		Rapid Mono Test		
	□ Dextromethorphan			Rapid Strep Test		
	□ Guaifenesin	□ Pepto-Bismol		Rapid Flu Test		
	☐ Benadryl or other OTC antihistamine			☐ Preventive physical☐ HCG test		
Paren	t/Guardian's Signature:			_ Date:		
	Parent/Guardian's Name:					
	Student Health Services Staff: Complete this section when verbal consent is obtained.					
		•				
	Verbal Consent Received on	Date	Parent/Guar	rdian		
	Staff Signatur	e an	Staf	f Signature		