

University of Hawai'i

University Health Services Mānoa

1710 East-West Road, Honolulu, Hawai'i 96822 Phone: 808-956-8965

Upload form to your Patient Portal: https://healthservices.hawaii.edu

AUTHORIZATION AND CONSENT FOR TREATMENT OF MINORS

NAME:			UH ID #:
Last	First	Middle Initial	
DATE OF BIRTH:	_//	UH EMAIL:	
EMERGENCY CONTACT NAME:			
RELATIONSHIP TO STUDENT:			
PHONE NUMBER: ()		
To be completed by Parent or Legal Guardian if the student is under the age of 18 when seeking health services from the University. I, the parent/legal guardian of			
Parent/Legal Guardian	Signature:		Date:
Print Last Name, First Name:			