**XAVIER UNIVERSITY OF LOUISIANA**
**CONSENT FOR CARE**
**FOR ALL STUDENTS 17YRS. OR YOUNGER PARTICPATING IN UNIVERSITY AFFILIATED PROGRAMS.**

I understand that in accordance with Xavier University of Louisiana Policy a signed consent form from a parent or legal guardian must be on file at the university's Student Health Services before providing treatment to minors who are attending or participating in University affiliated programs.

In that regard, I hereby request and authorize the Xavier University Student Health Services Center to provide:

| _____ | _____ | _____ |
|---|---|---|
| **(Print) Student/Participant Name** | **ID#** | **Date of Birth** |

to receive health care services available and deemed necessary by the staff of the Xavier University Health Services Center. These services may include, but are not limited to, such procedures as evaluation and treatment of acute illnesses and injuries. Consent is specifically given for care in the event the above named minor student/participant presents him/herself for treatment in my absence. I also consent to allow my student to participate in the university COVID-19 surveillance testing program. I authorize my student's test results to be disclosed to the county, state, or to any governmental entity as may be required by law and that a positive test result is an indication that they must self-isolate in an effort to avoid infecting others.

I also consent to Xavier University Student Health Services staff contacting any such persons or agencies for the purpose of providing or receiving information and records necessary for the care of the aforementioned minor student and will sign any necessary forms in that regard.

This Consent for Care is authorized for the length of time the participant is enrolled in the University. I may choose to withdraw the consent at any time by contacting Xavier University of Louisiana Student Health Services in writing. My permission is hereby given to Xavier University of Louisiana, through its appointed representative(s) to use discretion in providing, at my expense (personal / insurance, etc.) emergency care.

Parent/Guardian's Name (Print): _____
Last First MI

Parent/Guardian's Signature: _____ _____
Last First MI Date

Home Phone: ( ) _____ Cellular Phone: ( ) _____