

# KENTUCKY STATE UNIVERSITY

## Student Health Services

### Consent Form (student 17 and younger)

**(Please Print)**

I, \_\_\_\_\_ give consent for \_\_\_\_\_ to  
(Parent/Guardian) (Student)

receive medical services from Student Health Services, local hospitals  
and/or other medical facilities for sickness or injury.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date