



## Parental Consent for Treatment of Students Under 18-Years-Old

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Student Health Services  
1000 East 5<sup>th</sup> Street  
Greenville, NC 27858

252-328-6841 office  
252-328-0462 fax  
<https://studenthealth.ecu.edu/>

Online Patient Portal  
<https://ecu.medicatconnect.com/>

Email address:  
[shsmedfax@ecu.edu](mailto:shsmedfax@ecu.edu)

I, being the parent or guardian of \_\_\_\_\_, do hereby request and authorize **East Carolina University Student Health Services** to perform necessary medical treatment for my child which is deemed advisable by the physician, whether or not I am present at the actual appointment.

Student Name \_\_\_\_\_

Student ECU Banner # \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date and Time