



**University
Health
Services**

Permission for Health Care of a Minor

University Health Services
McCosh Health Center
Washington Road
Princeton, NJ 08544-1004
Questions? (609) 258-3141

*A parent's or guardian's signature is
required.*

Deadline: June 30

This form is required for students under the age of 18 at the time of arrival on campus and must be completed by the parent or guardian. Scan the completed form and have your student upload it to MyUHS, a secure student health portal. (www.princeton.edu/myuhs)

Student's Full Name Date of Birth
First (Given) Name MI Last (Family) Name Month / Day / Year

I hereby give permission to the medical and psychological staff of University Health Services (UHS) to examine and treat my son or daughter for all health, medical or psychological problems and injuries that may occur while he or she is at school. Furthermore, in the event that time will not allow that I be reached, or that I cannot be reached, I hereby give my permission for UHS clinicians to secure the necessary consultative care for my child, which may include hospitalization, anesthesia, surgery, and/or other indicated treatment.

Parent or Guardian Signature

Date

Upload this completed page to www.princeton.edu/MyUHS.