

CABARRUS  
COLLEGE  
*of*  
HEALTH SCIENCES

**CONSENT FOR TREATMENT OF MINOR STUDENT**

I hereby authorize CMC-NorthEast, its employees or agents, and any member of its Medical staff to provide medical treatment needed by \_\_\_\_\_  
(name of minor)  
as a result of any condition, injury or illness occurring while a student at Cabarrus  
College of Health Sciences.

\_\_\_\_\_  
Signature of Parent or Guardian/Date

\_\_\_\_\_  
Witness (NOT A RELATIVE)/Date

NOTE: Parents or Guardians of Minors – NC Law recognizes one’s adulthood and age of responsibility as 18 years of age.

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Revised Fall 2008