To Whom It May Concern:

I, ________________________________, give my permission to the Azusa Pacific University Health Center to talk openly with my parent(s) about:

☐ all of my medical issues up to today
☐ all of my medical issues (including future ones) unless I notify you otherwise
☐ Specific dates and/or issues listed __________________________

________________________________________________

________________________________________________

Mother’s Name: ________________________________

Home Phone: _______________  Cell Phone: _______________

Father’s Name: ________________________________

Home Phone: _______________  Cell Phone: _______________

Print Name & Date of Birth  Student ID #

________________________________________

Signature  Date

________________________________________

Student Health Center Staff  Date

Note: if student is unable to come into the Health Center in person and sign this form, this form must be notarized and faxed into the Health Center.

Notary