



Center for Health
and Wellness
at Middlebury

Consent to Treat a Minor Form

Student Name: _____

Date of birth (mm/dd/yy): _____ / _____ / _____

Middlebury Student ID number: _____

Middlebury's Center for Health and Wellness provides healthcare in the following areas:

- Health Services
- Sports Medicine
- Counseling
- Integrated Care
- Health and Wellness Education

I give my permission for the student under my guardianship and/or care to receive healthcare by the staff of the Center for Health and Wellness at Middlebury College.

Signature: _____

Printed name: _____

Email address: _____

Phone number: _____ Date: _____

Please print, complete, and return this form to:

Center for Health and Wellness at Middlebury College
136 South Main Street
Centeno House
Middlebury, VT 05753
chw@middlebury.edu
Fax: 802-443-3407