

Student Health Services
100 Institute Road
Worcester, MA 01609
(P) 508.831.5520
(F) 508.831.5953



Consent for Medical Treatment

I hereby consent to the provision by Student Health Services of such medical treatment as I may require while I am a student at WPI, including but not limited to referral to a hospital, emergency facility or other outside health care provider when necessary to provide appropriate medical treatment.

I hereby consent to the sharing by Student Health Services of my health information with such hospital, emergency facility or other outside health care provider to support my continuity of care.

Student Name: _____

Student Signature: _____

Date: _____

If you are under 18 years of age, the consent of your parent or guardian is also required.

Name of Parent/Guardian: _____

Signature: _____

Date: _____