

Carthage College  
Health and Counseling Center  
2001 Alford Park Drive  
Kenosha, WI 53140-1994  
262.551.5710 (phone)  
262.551.5726 (fax)

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	STUDENT ID NUMBER	

*This form should only be completed if your student will be under age 18 when they arrive to campus.*

### **Parental Consent for Treatment in Health and Counseling Center**

If your child is younger than 18 years of age when they arrive on campus, we will need your consent to treat. We will also need your authorization to exchange information with the other health providers.

On my child's behalf, I authorize Carthage College Health and Counseling Center staff/providers, or any authorized medical staff of Carthage College, to provide services to my child. Health Services may include but are not limited to diagnostic examinations, verification and/or administration of immunizations, and necessary medical/therapeutic treatment. Counseling services may include consultation, crisis intervention, short-term counseling and/or referral services. This consent becomes invalid once your student reaches 18 years of age.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

### **Meningococcal Meningitis/Hepatitis B Response**

Wisconsin State Public Health Law, Act 61 requires all colleges and universities in Wisconsin to annually inform students about the risks associated with meningococcal disease and hepatitis B, and the availability and effectiveness of vaccines against the diseases. These vaccinations are not mandatory, but are recommended. You can receive these vaccinations through your local public health agency or through your private physician. Please read the "Important Information about Meningitis and Hepatitis B" handout enclosed in this packet. If you have questions regarding meningococcal disease and/or hepatitis B, please contact the Health and Counseling Center at (262) 551-5710 or [health@carthage.edu](mailto:health@carthage.edu).

I have received and read (or had explained to me) the information regarding meningococcal disease and hepatitis B.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

\_\_\_\_\_  
Parent/Legal Guardian Printed Name