EMBRY-RIDDLE
Aeronautical University
PRESCOTT, ARIZONA

The Wellness Center
T: 928-777-6653
F: 928-777-3850

Authorization for treatment
For students under the age of 18

Student Name_____Birthdate:_____Student ID#_____

I hereby grant permission to the Wellness Center and Counseling Center of Embry-Riddle Aeronautical University or the University Physician(s), Nursing staff or Mental Health Counselors to render any physical or mental health care OR emergency treatment to my son/daughter/ward. I also grant permission for the above referenced ERAU staff to arrange for health care, emergency treatment or hospitalization at an accredited hospital or other medical, psychological or dental care facilities when considered necessary by the Wellness Center staff or University Physician(s).

Student Signature_____ DATE_____

Parent/Guardian Signature: _____ DATE: _____

Printed Name: _____ Relationship: _____

Parent/Guardian Phone Number_____

Please email this form to prwellnesscenter@erau.edu or fax to 928-777-3850.

3700 Willow Creek Road
Prescott, AZ 86301-3720
800-888-ERAU (3728)