MICHIGAN STATE
UNIVERSITY

Please print clearly.

Student PID _____
Student _____
Student Date of Birth _____

MINOR STUDENTS: PSYCHOTROPIC MEDICATION TREATMENT

MSU University Health and Well-Being (UHW) provides mental health care for students during their enrollment at Michigan State University on an outpatient basis. Occasionally, UHW healthcare staff may refer students for specialty services with other providers within MSU (graduate psychological & medical school faculty, intensive services, etc.), on an outpatient basis.

When a student under 18 years of age seeks psychotropic medication at UHW, we must obtain parental consent prior to providing that treatment. For this reason, MSU requires that the following authorization be signed by a parent/guardian of the student in order to receive psychotropic medication from UHW before they turn 18.

Note: In certain circumstances, such as psychological or medical emergencies, Michigan law does not require parental consent before treatment is provided.

AUTHORIZATION FOR TREATMENT

1. I authorize psychotropic medication treatment (e.g., mental health medications or related procedures) for the student named above from MSU University Health and Well-Being (UHW), and other MSU outpatient healthcare facilities.
2. I understand that this authorization will be in effect until the student reaches age 18.

_____ _____
Printed Name of Parent/Guardian Relationship

_____ _____
Signature of Parent/Guardian Date

_____ _____
Emergency Telephone Number

_____
Mailing Address for Parent/Guardian

Form should be returned via email or fax:

UHW Medical Records
Olin Health Center
463 E. Circle Dr, Rm 146
East Lansing, MI 48824-1037
Phone:517-353-9153

Fax: 844-749-3315

Email: UHW.MEDREC@msu.edu

3.11.19