



Center for Health and Wellness
Rhodes Hall
175 Forest Street, Waltham MA 02452
Office Phone: 781.891.2222
Office Fax: 781.891.3443
email: healthcenter@bentley.edu

Counseling Center
Second Floor - Campus Police Building
175 Forest Street, Waltham MA 02452
Office Phone: 781.891.2274
Office Fax: 781.891.2474

CONSENT FOR MEDICAL OR PSYCHOLOGICAL TREATMENT

To be completed by your parent/guardian if student is **under 18 years of age**

Student Name: _____

Bentley Id: @ _____

Consent for Medical or Psychological Treatment

I give permission for medical treatment for my son/daughter/minor, if an accident/illness should occur while a student at Bentley. This includes referral to a local hospital, hospitalization, anesthesia and/or surgery should it be necessary. I also give consent for psychological and medical treatment, including medication, if necessary, should my son/daughter/minor request such treatment while a student at Bentley.

Parent/Guardian's name (please print): _____

Parent/Guardian's signature: _____

Emergency Contact Phone Number: _____

Relationship: _____

Date: _____

Student Signature: _____