

**UT HEALTH WELLNESS 360 at UTSA**  
**CONSENT BY MINOR TO OWN TREATMENT**  
**Patient Information and Consent**

The undersigned minor, less than eighteen (18) years of age, hereby consents to medical treatment at Student Health Services (SHS) by SHS providers and/or other appropriate SHS staff.

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FIRST AND LAST NAME OF MINOR

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MyUTSA ID or Banner ID #

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DATE OF BIRTH OF MINOR

The undersigned minor has the legal power to consent to medical care because the minor (CHECK ONE OR MORE):

1. is on active duty with the armed forces of the United States of America,
2. is 16 years of age or older and resides separate and apart from his/her parents, managing conservator, or guardian (whether with or without the consent of the parents, managing conservator, or guardian and regardless of the duration of the residence), and is managing his/her own financial affairs (regardless of the source of the income).
3. is consenting to diagnosis and treatment of any infectious, contagious or communicable disease which is reportable to the Texas Department of Health.
4. is an emancipated minor.

I certify that I have read and fully understand the foregoing consent, that the facts indicated above are true, and that all blanks or statements requiring insertion or completion were filled in before I signed.

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SIGNATURE OF PATIENT (MINOR)

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SIGNATURE OF WITNESS

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DATE

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DATE