

Oakland University
Graham Health Center
2200 N Squirrel Road
Rochester Hills MI 48309
248-370-2341 | fax 248-370-2691

AUTHORIZATION FOR TREATMENT

(Not required for individuals who are 18 years of age or older)

Date _____

Full Name _____

(please print)

Date of Birth _____ University G# _____

In case of illness and/or injury, permission is granted to treat the above-named individual at the Graham Health Center of Oakland University and to make the necessary referrals to outside physicians and/or facilities, as indicated. I understand that I will be notified in case of serious illness.

Signature of Parent or Guardian

Street Address

City State Zip Code

(_____) _____
Home Phone

(_____) _____
Work Phone