



Student Health Clinic

A Member of the University of Maine System
111 South St, Farmington, ME 04938
(p) 207-778-7200 (f) 207-778-8183

Dear UMF Parent/Guardian,

UMF students have an opportunity to receive health care services on campus at the Student Health Clinic. However, if your student is under eighteen years of age, they will need permission from a parent or guardian before treatment can be provided. This permission covers routine healthcare provided by the UMF Student Health Clinic only.

Providers at the Student Health Clinic consist of 2 Certified Family Nurse Practitioners, a Certified Psychiatric/Mental Health Nurse Practitioner, and a Registered Dietitian. Emergencies occurring after hours or on weekends are managed by University Police, who arrange for rescue transport to a nearby hospital.

Student Name: _____ DOB: _____

Authorization and Consent to Treat

I hereby authorize the University of Maine at Farmington (UMF), Student Health Clinic and its personnel to provide treatment and, as appropriate, to release all existing records and information regarding my student's care, treatment, physical/mental health condition(s) as necessary for payment purposes, further referrals and/or coordination and treatment with UMF personnel to provide the best quality of care. I have reviewed the **Payment and Fee Schedule** and **Appointment/No Show policy** and agree to the terms and conditions. I have also reviewed the **Patient Privacy Policy** and understand that copies of these documents are available upon request.

Name of Parent or Guardian: _____

Signature: _____ Date: _____

Relationship to Student: _____