

NORTHERN
MICHIGAN
UNIVERSITY

Ada B. Vielmetti Health Center
1401 Presque Isle Avenue
Marquette, MI 49855-5377
906-227-2355
FAX: 906-227-2332
Web Site: www.nmu.edu

AUTHORIZATION FOR TREATMENT

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

Date _____

Full Name _____

(Please Print)

Date of Birth _____ University ID # _____

In case of illness and/or injury, permission is granted to treat the above-named individual at the *Ada B. Vielmetti Health Center* of Northern Michigan 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