



PERSONAL INFORMATION, PATIENT UNDER 21 YEARS OLD

Name and Last Names:	Student Number:		
Date of Birth (MM/DD/YYYY):	Age: Telephone:		
Civil Status: Spouse's Name and L	Spouse's Name and Last Name: □ N/A		
Information about father, mother, or legal guardian filling in the document:			
Name and Last Names:	Telephone: Relationship:		

CONSENT TO RECEIVE EVALUATION, DIAGNOSIS, AND OUTPATIENT CARE

Name of Patient

Name of Father, Mother or Legal Guardian

Herein, we authorize the Departmental personnel or Medical Services personnel working at any of the University of Puerto Rico's campuses to carry out evaluations, diagnostic tests, and non-urgent medical treatments to the person referred to as patient in this document, whenever he/she visits a Medical Service Office to request medical services; and in case of a medical emergency, to provide the above-mentioned patient with the necessary medical treatment based on clinical judgment, included within the common and prevailing medical procedures. We know that the practice of medicine is not an exact [accurate] science, and that no guarantee about the outcomes of the health services to be received has been offered to us.

In the event that medical services outside the Departments or Medical Services are requested, it is also herein authorized that patient receives evaluations, diagnostic tests, emergency services, and non-urgent medical treatments, according to patient's health status. Therein, we authorize that patient be accompanied by a representative of the university institution.

This authorization will be in force as of date of signature and throughout the period in which the student is enrolled in the University of Puerto Rico and taking courses in any of our campuses.

I hereby certify that I have read and understood this consent to receive health services, and that all the information provided in this document is true and has been voluntarily submitted.

Patient's Signature

Father/Mother/Legal Guardian's Signature

Date (Month/Day/Year)

Time

*Required for patients under 21 years old. Forms to be filled in by emancipated minors or with legal guardian's signature must be submitted along with supporting evidence of the minor's emancipation or designation as legal guardian; and in case that the aforesaid evidence is issued outside Puerto Rico [overseas], an apostille must be attached to the form.

Affidavit Number:		
Sworn and subscribed before me by	and	, of legal age, residents of
, and	(relationship) regarding the above-mentioned minor, and w	whom I ATTEST of having identify
through the following documents:	In,,	, this day
of , 20		