Valdosta State University Student Health Center 200 Georgia Avenue Valdosta, GA 31698 229.333.5886 www.valdosta.edu/health

Today's Date:		VSU ID #: 870	
PATIENT INFORMATION			
Patient Name:Last	First	MI	Birthdate:/ Age*:
*for students under 18 years of age, a parental or legal guardian authorization for medical treatment form must be on file in our office in order for you to receive prompt care and treatment should the need arise.			
Sex: Male Female Other		I	Marital Status: Single Married Divorced
Race: Asian Black Multiracial	White Hispanic	American Indian	Alaskan Native Hawaiian/Pacific Islander
Permanent Home Address:			
City:	_ State: 2	Zip Code:	County:
Cell: F	Home Phone: Email:		
Local Address or Residential Hall – Room # & VSU Box #:			
City:		State:	Zip Code:
CONTACT INFORMATION			
Emergency Contact:	:: Relationship to you:		
ome Phone: Cell: Mother's Maiden Name:			

Consent to Treatment: I voluntarily authorize the rendering of such care, including diagnostic and medical treatment by authorized agents and employees of Valdosta State University Student Health Center (hereafter referred to as Student Health) and the medical staff, or their designees, as

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