

# BARBADOS COMMUNITY COLLEGE

## Student Health Clinic

### PARENTAL/GUARDIAN CONSENT FORM

Dear Parent/Guardian:

Your child/ward has requested medical attention from the Student Health Clinic of the Barbados Community College. Under the Laws of Barbados, an individual under the age of 18 years should have their consent to access medical services given by a parent or legally appointed guardian.

If you consent/grant permission for your child/ward to seek medical attention at the Student Health Clinic, please complete the form below:

I \_\_\_\_\_, of \_\_\_\_\_

(parent/guardian)

(address)

\_\_\_\_\_ hereby give permission for

my child/ward \_\_\_\_\_, to attend the

(child//ward)

nurse and doctor of the Student Health Clinic and receive treatment as deemed necessary.

\_\_\_\_\_

Signature

\_\_\_\_\_

Contact No.

\_\_\_\_\_

Date