



UNIVERSITY *of*
DENVER

STUDENT LIFE
Health & Counseling Center

Dear DU Parents,

In accordance with Colorado state law, persons under the age of 18 years must have the consent of a parent or legal guardian in order to receive medical care for most conditions other than true emergencies.

The following authorization will allow your son or daughter to be treated at the University of Denver Health and Counseling Center when the need arises. Please read this authorization carefully, sign, date, and return it to the University of Denver Health and Counseling Center,

- Mail: 2240 E Buchtel Blvd, Denver, CO 80208-3230
- E-mail: info@hcc.du.edu
- Fax: 303-871-4242

If you have any questions, please call the DU Health & Counseling Center at 303-871-2205.

Thank you very much for your assistance in obtaining care for you DU student.

Sincerely,

Michael LaFarr, Psy.D.
Executive Director
University of Denver
Health and Counseling Center

I hereby authorize the professional staff at the University of Denver Health & Counseling Center, and those other health care providers to whom they may refer my son/daughter, to examine and treat

Student's Name/Date of Birth/DU ID number

for any medical or psychological conditions for which he/she presents to the University of Denver Health & Counseling Center while he/she is enrolled at the University of Denver.

Signed/Relationship to Student/Date
