ENTA NSENT FORM Return by mail, fax or email: Salisbury University Student Health Services, Holloway Hall Room 180, 1101 Camden Avenue, Salisbury, MD 21801 FAX: 410-548-4101 • EMAIL: studenthealth@salisbury.edu

Name: (Iast)	(First)	(MI)
SU Identification Number:	Date of Birth:	
Permission to Treat a Minor		
A parent or guard an o an /tudent under t e age o	u/t pro/de on/ent reading	and/gnngte/tate ented,
ere grant per // on to tudent eat		dependenţ

