



**NORTHERN MICHIGAN
UNIVERSITY**

HEALTH CENTER
1401 Presque Isle Avenue
Marquette, MI 49855-5301
906-227-2355 | Fax: 906-227-2332
nmu.edu/HealthCenter

AUTHORIZATION FOR TREATMENT

(Not required for individuals who are 18 years of age or older)

Date: _____

Full Name: _____
(Please Print)

Date of Birth: _____ University ID# _____

In case of illness and/or injury, permission is granted to treat the above named individual at the NMU Health Center of Northern Michigan University and to make the necessary referrals to outside physicians and/or facilities, as indicated. I understand that I will be notified in case of serious illness.

Signature of Parent or Guardian

Street Address

City

State

Zip

Home Phone

Cell Phone

Work Phone or alternate number to reach