



Office of Student Health and Wellness
125 South Clark Street, 9th Floor- Adams • Chicago, Illinois 60603
Telephone: 773-553-1873 • Fax: 773-553-1883

**CONSENT TO HEALTH CARE SERVICES: CERTIFICATION OF UNACCOMPANIED
MINOR STATUS**

Date: ____ / ____ / ____

Minor Seeking Health Care Services:

Full Name: _____ Date of Birth: ____ / ____ / ____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Certifier of Minor's Unaccompanied Status:

Full Name: _____ Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Certifier's Relationship to Minor Seeking Care:

- Public school homeless liaison
- School social worker

Certifier Attestation:

Pursuant to Illinois Public Act 098-0671, I attest to the best of my knowledge that the minor seeking care identified above is: (1) at least 14 years of age but less than 18 years of age; (2) living separate and apart from a parent or legal guardian, whether with or without the consent of a parent or legal guardian who is unable or unwilling to return to the residence of a parent, and managing his or her own affairs; and (3) is not under the protective custody, temporary custody, or guardianship of the Illinois Department of Children and Family Services.

Certifier Signature: _____ Date Signed: ____ / ____ / ____

Instructions: Once completed, please provide the minor seeking care with a copy of this form for them to present to a primary health care provider.