

UNDER 18 CONSENT FORM



To: Parents and guardians of students under 18 years of age

Student Health Service
P.O. Box 2000, Cortland, NY 13045
p: 607-753-4811 f: 607-753-2486
w: cortland.edu/shs

Students attending the College are generally considered independent adults, and parental consents for medical care for those under 18 years of age are not routinely required. However, there are occasional situations in which a parental signature is desirable. Vaccinations and minor surgical procedures are two examples of such situations.

To avoid delay in such treatment interventions, you are encouraged to sign the authorization below for medical or emergency treatment and **return the form to the Student Health Service**. This consent for treatment applies only to care given at the Student Health Service. Should the student seek or be referred for care at an off-campus facility, the policies and procedures of that facility will be followed.

Parents and guardians are reminded that the student health fee applies only to care and treatment given at the Student Health Service. All students should be enrolled in an insurance plan in case off-campus care is needed. Many students are eligible to remain on their parental insurance policies, particularly in New York State. Please check with your employer or insurance carrier to check your eligibility.

It is the policy of the Student Health Service that student medical records are confidential. No information is released without written authorization of the student except in some emergency or public health situations or under a court-ordered subpoena.

CONSENT OF PARENT OR GUARDIAN FOR MEDICAL OR EMERGENCY TREATMENT

I, _____, pursuant to the authority vested in me as
(Name of parent or guardian)

_____ of _____, do hereby
("parent" or "guardian") (name of student)

authorize a practicing physician, nurse practitioner, or physician assistant to exercise, for me and on my behalf, all my rights and duties with reference to consenting to appropriate medical, surgical or hospital treatment deemed necessary for the medical or emergency care of my child.

I further authorize vaccination for: measles, mumps and rubella or meningitis by the Student Health Service if necessary to comply with Public Health Law 2165 or 2167, or influenza at the request of my child or myself. If necessary, I also authorize the PPD (mantoux skin test for tuberculosis) to comply with Student Health Service Tuberculosis screening requirements.

Date of student's birth _____
(month/day/year)

Signed _____ Date _____
(Signature of parent or guardian)