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UNDER 18 CONSENT FORM

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

Decker Student Health Services Center
PO Box 6000
Binghamton, New York 13902-6000
607-777-2221, Fax: 607-777-2881
www2.binghamton.edu/health

Students attending the University 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 DECKER STUDENT HEALTH SERVICES CENTER**. This consent for treatment applies only to care given at Health Services. 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 Health Services. Full-time undergraduate students must be enrolled in an insurance plan in case off-campus care is needed. A student sickness and accident plan is available. Information about the student insurance plan may be obtained by consulting the Decker Student Health Services Center website at health.binghamton.edu.

It is the policy of Health Services 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 or nurse practitioner 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/or rubella by the Decker Student Health Services Center if necessary to comply with Public Health Law 2165. If necessary, I also authorize the PPD (mantoux skin test for tuberculosis) to comply with Health Services health form requirements. Upon my child's request, I also authorize administration of the influenza vaccine by the Decker Student Health Services Center.

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

Signed _____ Date _____
(Signature of parent or guardian)