

Parental Consent Form for Students Under 18 years old

Print, Complete, and Upload to the Patient Portal

To Parents and Guardians of Students under Eighteen:

In order to procure quickly any emergency care that may be necessary for students and at the same time to protect the health care providers and institutions involved, it is required that you sign and have witnessed the consent for emergency treatment below.

Be assured that we make every effort to notify parents at once in case of serious accidents or illnesses when these come to our attention.

I the Parent or Guardian of the minor aged student <18 years old with the authority vested in me as do hereby authorize the medical staff of Purchase College Student Health Service upon consultation with a practicing physician, nurse practitioner or surgeon to exercise for me and on my behalf, all rights and duties with reference to consenting to appropriate medical, psychiatric, and surgical treatment, anesthetics, medicines and hospitalization, including care and treatment, by any hospital, or licensed health care provider for the emergency care of my child.

X

X

Student's Full Name

Parent's Signature and Date

X

Witness #1 Name and Signature

X

Witness #2 Name and Signature