Finger Lakes Community College
3325 Marvin Sands Drive
Canandaigua, NY 14424-8395

p: 585.785.1298
f: 585.785.1613

Authorization for Treatment of a Minor

Student Name:_____

Date of Birth:_____/_____/_____ FLCC Student I.D. #:_____

Local Address (while attending FLCC):_____
Permanent Address:_____

Student's Home Phone #: (___) ____-_____ Student's Cell Phone #: (___) ____-_____

Person to Notify in Case of Emergency:_____ Relationship to Student: _____
Phone #: (___) ____-_____

Insurance Company:_____ Policy Number: _____

To Student's Parent or Legal Guardian
If your son, daughter, or ward will be under the age of 18 years while attending Finger Lakes Community College, it is our policy to secure your consent for medical treatment. By signing the form below, you will be giving your consent for any medical evaluation and treatment necessary to ensure the continued health of the student. In the event of a major health problem, whenever possible, specific permission will be obtained from you.

Authorization for Treatment of a Minor
I, _____,being the parent or legal guardian of _____ give my consent to Finger Lakes Community College Student Health Services, the nurse practitioner and other personnel on its medical staff, to administer such care, procedures and treatment that is deemed necessary and in the best interest of the patient. As long as the medical treatment considered necessary in the situation is in accordance with the generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment, other than those that follow (if none, so state):
_____

I understand that this authorization is valid until the time in which the minor cited above reaches his/her 18th birthday.

Print Name: _____ Signature:_____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: (___) ____-_____ Date: _____

RETURN BY MAIL TO: Finger Lakes Community College Student Health Services
3325 Marvin Sands Drive
Canandaigua, NY 14424-8395

OR UPLOAD INTO THE STUDENT HEALTH PORTAL:

Student Health Services contact info: (585) 785-1297