

# Authorization for Treatment of a Minor

**RETURN BY MAIL TO:**

NYU Student Health Center • Health Information Management Services  
 726 Broadway, Suite 334, New York, NY 10003-9580

***(Complete this form only if student will be under the age of 18 while at NYU.)***

Name: \_\_\_\_\_  
First M.I. Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student I.D. #: N \_\_\_\_\_  
Month Day Year 8-digit number on back of I.D. card

Local Address (while at NYU): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Local Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Permanent Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Person to Notify in Case of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insurance Co. Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**To Parents or Legal Guardian**

If your son, daughter, or ward will be under the age of 18 years while at New York University, 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 NYU Student Health Center, the physicians 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 or surgical 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 good until the time in which the minor mentioned above reaches his/her 18th birthday.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Witness: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Daytime Evening