

Authorization for Medical and Mental Health Treatment of a Minor

Dear Parent or Legal Guardian,

If your son or daughter will be under the age of 18 years old while at New York University Abu Dhabi, it is NYUAD policy to secure your consent for medical and counseling treatment at the Health and Wellness Center. By filling out and submitting the form below, or by providing NYUAD with a paper copy, you will be giving your consent for any medical, dietetic or psychological evaluation and treatment necessary to ensure the continued health and well-being of the student. Please note that in addition to routine medical care, this may also include, but is not limited to, immunizations, nutrition counseling, psychological counseling services, prescription of psychiatric medication as warranted, as well as evaluation and treatment of gynecologic concerns. Referral to specialists in the community may also be advised. In the event of a major health problem, specific permission will be obtained from you whenever possible.

Instructions: If your son or daughter will be under the age of 18 years when they arrive at NYUAD, please print and complete this form and have your NYUAD student upload a scanned copy of it through the NYUAD Student Portal by August 1. Also, please have your NYUAD student bring the original form in the carry-on bag to NYUAD. Once in Abu Dhabi, the student should give the form to The Health and Wellness Center, Building C2, Saadiyat Campus, Abu Dhabi.

Student First/Given and Last/ Family Name: _____

Date of Birth (mm/dd/yyyy): _____ NYUAD Student ID #: N _____

Home Phone (with country code): _____

Person to notify in Case of Emergency: _____

Relationship to Student: _____

Emergency Contact Phone Number (with country code): _____

Emergency Contact Email Address: _____

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I, _____ being the parent or legal guardian of _____ give my consent to NYUAD Health and Wellness Center, and the physicians and other personnel on its medical or counseling 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, psychological or surgical treatment considered necessary in the situation is in accordance with the generally accepted standards of the medical or psychological practice for the particular type of injury or illness involved, I impose no specific limitation or prohibitions regarding treatment.

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

Signature: _____ Date: _____

Address: _____ City: _____

State/Province: _____ Zip: _____

Country: _____ Phone / Contact Details: _____