



NYU

Student Health Center

Student Health Center
726 Broadway, Suite 474
New York, NY 10003
P: 212 443 1000
F: 212 443 1031
health.center@nyu.edu
nyu.edu/health

Authorization for Treatment of Minor Non-Degree Programs

All students under 18 years of age participating in a visiting non-degree program at NYU are required to submit this form prior to the start of their program in order to be permitted to participate. Please complete all information below.

STUDENT INFORMATION

Name: _____
First M.I. Last

Date of Birth: _____ NYU ID#: N _____
Month/Day/Year

Name of NYU Program: _____

Will you be living on campus during your program? Yes No

Permanent Address: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACTS

Emergency contacts must **be available at all times** for the full duration of a student's program.

Contact #1

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Contact #2

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____



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CURRENT MEDICATIONS

Please list any current medications below, prescribed and over-the-counter. Note: If at all possible, medication should be administered at home. If medication is needed on site in order to participate in the program, students are expected to store, track, and administer their own medications without the assistance of program or University staff. If you will need to administer medication on site please provide the following information:

Medication	Health Condition	Dosage/Frequency

MEDICAL ALLERGIES

Please list any medicinal or treatment-related allergies below: (ex. Penicillin, latex)

HEALTH INSURANCE

All students are required to have health insurance coverage while participating in a NYU program, and students are encouraged to carry their insurance card with them at all times in case of emergency.

International students studying at NYU under a NYU visa are automatically enrolled in NYU Student Health Insurance. All other students must have their own insurance coverage.

Are you an international student attending NYU under a student visa issued by NYU?

- Yes, I will have NYU Student Health Insurance.
- No, I will have my own insurance, listed below:

Insurance Company: _____

Policy #: _____ Insurance Co. Phone: _____

Name of Family Physician: _____

Family Physician Phone: _____



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IMMUNIZATIONS

Students participating in a program that grants college credit must submit proof of immunization to MMR and Meningitis if they are enrolled in *6 credits/units or more*. Further information about immunization requirements may be found in your credit-bearing program's admitted student information.

NOTICE FOR PARENTS/GUARDIANS

If your student is under the age of 18 years while at New York University, it is our policy to secure your consent for medical treatment. By signing 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 concern, whenever possible, specific permission will be obtained from you.

The Student Health Center is available for urgent care to underage students participating in NYU programs. Should medical staff deem a student's needs to require routine, emergency, or care other than that which can be provided at the Student Health Center, the student will be referred or transported to a local medical facility for treatment.

AUTHORIZATION FOR TREATMENT OF A MINOR

I, being the parent or legal guardian of the student listed on this form, 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 student 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 agree I will inform an appropriate representative of NYU of any special information regarding the health or physical or mental condition of my student that may be relevant to participation in their program.

I understand that this authorization is good until the time the student listed on this form reaches their 18th birthday.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Relation to Student: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____