GENESEO

Student Health and Counseling
SUNY Geneseo, 1 College Circle, Geneseo, NY 14454
(585) 245-5736 ◆ Fax (585) 245-5744

Access Opportunity Program and Student Health and Counseling Department Consent for Medical Treatment of a Minor

(Statement by Parent/Guardian of students on campus prior to their 18th birthdate)

I hereby authorize routine and emergency medical treatment for my minor child/ward that may be recommended by the Student Health and Counseling Department and emergency service providers. This consent is to expedite care, as well as protect any providers and institutions involved.

I have reviewed the submitted required entrance forms, at myhealth.geneseo.edu, and attest that they have been completed accurately and to the best of my knowledge. I consent to the use or disclosure of my minor child's/ward's protected health information by the Student Health and Counseling Department/emergency providers for the purpose of diagnosis or treatment, obtaining payment for health care services rendered, or in order to conduct health care operations. I understand that I have the right to request a restriction or limitation on how and to whom my minor child's/ward's protected health information is used or disclosed for the above purposes. The Student Health and Counseling Department/emergency providers are not required to agree to such a request, but if agreed upon, they will comply, unless the information is needed to provide emergency treatment. The online "Consent for Treatment" document describes my/students rights as well as the Student Health and Counseling Department 's rights and responsibilities with respect to protected health information.

This authorization includes the administration of the following required and/or recommended vaccinations and screenings: Tetanus, Hepatitis A, Hepatitis B, Influenza, MMR; Tuberculosis testing.

I authorize the Student Health and Counseling Department /emergency service providers in the region to consult with practicing physicians/surgeons to exercise for me, on my behalf, all the rights and duties with reference to consenting to appropriate medical, psychiatric, and surgical treatment, anesthetics, medications, hospitalizations, including care and treatment, by any hospital, staff surgeon, physician or radiologist which they may deem necessary for the emergency care of my child.

Student's Legal Name _____

Date of Birth _____

Student ID/G00 # _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date of Signature _____