GENESEO
NEW YORK'S PUBLIC HONORS COLLEGE

Department of Student Health and Counseling

# Consent for Medical Treatment of a Minor

## (Statement by Parent/Guardian of students under 18 years old)

I hereby authorize medical treatment for my minor child/ward that may be recommended by the Department of Student Health and Counseling. I have reviewed the required entrance forms 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 Department of Student Health and Counseling for the purpose of diagnosis or treatment, obtaining payment for health care services rendered, or 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 Department of Student Health and Counseling is not required to agree to such a request, but if agreed upon, the center will comply unless the information is needed to provide emergency treatment. The document "Explanation of Privacy Policies and Consent for Treatment" describes my rights as well as the Department of Student Health and Counseling's rights and responsibilities with respect to protected health information. This authorization includes the administration of the following (please check) required and/or recommended vaccinations:

| Vaccine | |
|---|---|
| ☐ | Td/Tdap |
| ☐ | Hepatitis A |
| ☐ | MMR |

| Vaccine | |
|---|---|
| ☐ | Hepatitis B |
| ☐ | Influenza |
| ☐ | Meningococcal B |

| Testing | |
|---|---|
| ☐ | Tuberculosis |
| | |
| | |

_____
Signature of Parent/Guardian

_____
Date

_____
Student's Name

G00_____
Student's ID Number