



HOBART AND WILLIAM SMITH
COLLEGES

Hubbs Health Center
119 St. Clair St., Geneva, NY 14456
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AUTHORIZATION AND CONSENT FOR THE MEDICAL TREATMENT OF A MINOR

Hobart and William Smith Colleges (the "Colleges")

(THIS FORM IS MANDATORY FOR ANY PARENT WHOSE CHILD IS UNDER THE AGE OF 18)

Students under the age of 18 are considered minors under the laws of New York State. Therefore, if your child needs specific medical treatment, including the administration of medication while at the Colleges, appropriate consent is required before the treatment can be provided. To protect the interests of your child, as well as the interests of the Colleges, we ask that the parent(s) or legal guardian(s) of every minor student sign this Authorization form prior to enrollment.

As the parent(s) or legal guardian(s) of _____ **[Name of Minor]**, _____ **[Birthdate]**
I/We give permission for the appropriate licensed health care provider of the Student Health Center to proceed with the following specifically prescribed administration of medication and/or treatment ("Treatment") for my/our child:

Prescribed Treatment: _____

Duration of Treatment: _____

Identified Allergies or Special Medical/Other Conditions: _____

This Treatment has been prescribed by my/our child's licensed health care practitioner, as reflected in the attached documentation. The licensed health care practitioner must countersign this Authorization to confirm that the description of the Treatment is accurate and complete.

Additionally, in the event that my child requires unexpected medical, dental, and surgical care (including, but not limited to, first aid, over-the-counter and/or emergency medications, health counseling, diagnostic procedures, and surgical treatments), and/or hospitalization while at the Colleges during any period of my/our absence, I/We, being the parent(s) or guardian(s) of the above named minor, do hereby appoint the authorized medical staff of the Student Health Center and/or the appropriate Dean of the College (Hobart or William Smith) to consent to and authorize such appropriate and necessary care and treatment on my/our behalf.

This Authorization shall be presented to a physician, dentist, hospital representative, or other appropriate health care practitioner at such time as unexpected medical, dental, and surgical care, and/or hospitalization may be required.

The appropriate licensed health care providers of the Colleges are authorized to obtain medical records information from my/our child's health care practitioners in order to provide the Treatment and for all of the other health care treatment purposes noted in this Authorization. It is acknowledged that the disclosure of such health information to the Colleges is for *treatment* purposes, and thus does not require further written authorization under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

This Authorization will remain valid until my/our child reaches eighteen (18) years of age, or until revoked or changed.

I/We understand that this Authorization may be revoked at any time, provided that I/We submit a signed revocation letter to the Colleges. However, any revocation shall not apply to the extent that the Colleges have taken action in reliance on this signed Authorization.

I/We understand that I/We are obligated to immediately inform the Colleges of any changes to our child's Treatment and specific medical treatment needs, including the administration of medication while at the Colleges, and I/We acknowledge that the Colleges will rely upon the receipt of such information on a timely basis.

*****COMPLETE BOTH SIDES*****

AUTHORIZATION AND CONSENT FOR THE MEDICAL TREATMENT OF A MINOR (CONT'D)

Parents/Guardians:

Signature _____ Date _____

Signature _____ Date _____

Address _____

Address _____

Witness:

Signature _____ Date _____

Address _____

Witness:

Signature _____ Date _____

Address _____

Health Care Practitioner(s):

Name _____ Date _____

Name _____ Date _____

Please return completed form to the Hubbs Health Center by July 12, 2024. Forms can be e-mailed to hubbs@hws.edu.