



HOBART AND WILLIAM SMITH COLLEGES

### Hubbs Health Center

119 St. Clair Street, Geneva, NY

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#### AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT OF A MINOR

Students under the age of 18 are considered minors under the Law of New York State. To protect the interest of the child, as well as the college, we ask that the parent and/or legal guardians of each minor student, sign this authorization form.

As the parent or legal guardian of \_\_\_\_\_ (Name and DOB of minor), I/we consent and authorize the following treatments to be completed by the Hubbs Health Care Center, Licensed Healthcare Provider:

- Routine medical care and interventions  
This includes but is not limited to medical evaluation, testing, physical examination, diagnostic imaging, lab work, etc.
- Immunizations/Vaccinations
- Allergy Shots
- Medication Administration (route: oral, subcutaneous/IM injection, inhalation)
- Emergency Treatment or Transportation to Local Emergency Room

This authorization will be presented to emergency staff if needed.

#### LIMITATIONS OF TREATMENT

Identify any specific limitations of medical services.

- None
- Limitations: \_\_\_\_\_

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

This will remain valid until above child reaches 18 years of age or until revoked.

Please return completed **fall** semester forms to the Hubbs Health Center by **June 16, 2025**. Forms can be emailed to [Hubbs@hws.edu](mailto:Hubbs@hws.edu)

Please return completed **spring** semester forms to the Hubbs Health Center by **January 5, 2026**. Forms can be emailed to [Hubbs@hws.edu](mailto:Hubbs@hws.edu)