



DATE: _____ STUDENT NAME: _____ STUDENT ID: _____
 DOB: _____ STUDENT PHONE _____ COMMUTER/RESIDENT _____
 EMERGENCY CONTACT: _____
 NAME PHONE

I, _____, am the (PARENT / GUARDIAN) of _____, a student at Manhattanville College. I hereby provide my consent for my (CHILD / WARD) to receive counseling support while on campus at Manhattanville College, in Purchase, New York.

If your child will be under the age of 18 while at Manhattanville College, we seek to secure your consent for mental health treatment. By signing the form below, you will be giving your consent for any psychiatric evaluation and treatment to work to stabilize the emotional health of the student. In the event of an psychiatric emergency involving risk to self or others, the student’s identified emergency contact will be notified.

Minor students can obtain healthcare at SHAC without parental consent for certain conditions. Parental consent is not required for treatment relating to pregnancy, sexually transmitted infections (STIs), HIV and AIDS, sexual assault, substance use, and mental health.

There is no cost for most services provided by SHAC Health Services. In the case of an emergency, a student may need to be transported to the local hospital, in which case ambulance transport will be required. The undersigned shall be liable for all costs and expenses incurred in connection with emergency medical treatment.

This authorization is effective from _____ to _____.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Name of Student _____

Signature of Student _____