I, ______________________, am the (PARENT / GUARDIAN) of _______________________, a student at Manhattanville College. I hereby provide my consent for my (CHILD / WARD) to receive medical care 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 medical treatment. By signing the form below, you will be giving your consent for any medical evaluation and treatment to ensure the health of the student. In the event of a major health problem, whenever possible, permission will obtained from you. In the event of an emergency medical situation, 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. However, for tests that must be sent to a lab, SHAC will bill your health insurance plan. 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 __________________________________________