

Authorization for Medical Care and Treatment for Minors

THIS FORM IS REQUIRED FOR ALL STUDENTS UNDER 18 YEARS OF AGE

LEGAL Last Name	LEGAL First Name	Date of Birth (mm-dd-yyyy)	NETID
Chosen Name	Phone		
Department/Program of Study at Yale (Check one) <input type="radio"/> Undergraduate <input type="radio"/> Graduate <input type="radio"/> Summer <input type="radio"/> School of Medicine <input type="radio"/> School of Nursing <input type="radio"/> Physician Associate Program			

Yale Health Center requests that at the time of admission, the parents, or legal guardians of students under the age of 18 provide written authorization for Yale Health Center to provide medical care and treatment, including mental health and counseling services, to minor students.

The undersigned hereby grants permission for medical care and treatment, including mental health and counseling, to be provided by Yale Health Center staff to:

 Printed Name of Parent/Guardian

 Relationship to Student

 Signature of Parent/Guardian

 Date