

**Parent/Guardian Authorization
for Treatment of Students Under 18 Years of Age**



A record of parental or guardian authorization for medical care and counselling services must be on file to facilitate care for students who are under 18 years of age on September 1, 2011. Please complete this authorization form and return it in the same envelope with your immunization documentation. We look forward to seeing you on campus and hope that you will take advantage of the many programs and services offered by Columbia Health.

Samuel L. Seward, Jr., M.D.
Assistant Vice President, Columbia Health

Richard J. Eichler, Ph.D.
Executive Director, Counseling and
Psychological Services

FOR STUDENTS UNDER 18 YEARS OF AGE THE FOLLOWING IS REQUIRED:

Please print

STUDENT'S NAME: _____

DATE OF BIRTH: _____

CUID (CUID appears on the Student
Account Statement and in SSOL): _____

UNI (University Network ID): _____

COLUMBIA SCHOOL ATTENDING: _____

NAME OF PARENT OR GUARDIAN: _____

PARENT/GUARDIAN HOME ADDRESS: _____

PARENT/GUARDIAN PHONE
NUMBERS: _____

HOME () DAYTIME ()

The undersigned hereby authorizes Columbia Health to administer treatment to the student named on this form.

Parent/Guardian Signature

Date

Please return this form to:

Columbia Health
Immunization Compliance Office
Wien Hall, Room 108B
411 West 116th Street, MC 3712
New York, NY 10027