



**Student Health Services**

PAGE TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

**AUTHORIZATION TO TREAT A MINOR**

(Only needed if student will not be 18 years of age when they arrive on campus)

I hereby authorize Student Health Services at The College of New Jersey to provide medical and therapeutic care to my minor son/daughter, including but not limited to, diagnostic examinations such as laboratory testing, tuberculosis screening, and the administration of immunizations, or when circumstances require immediate attention, to proceed according to standard medical practice. My child's 18<sup>th</sup> birthday is \_\_\_\_\_.

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ PAWS ID #: \_\_\_\_\_  
*Last First M D Y*

\_\_\_\_\_  
[Print name of parent/legal guardian] [Signature of parent/legal guardian] [Relationship to student] [Date]

Emergency Contact Info:

Cell: ( ) \_\_\_\_\_  
Home: ( ) \_\_\_\_\_  
Work: ( ) \_\_\_\_\_