

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



A record of parental or guardian authorization for medical care and counseling services must be on file to facilitate care for students born **after** September 1, 1991. 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 Health Services at Columbia.

In good health,

A handwritten signature in black ink, appearing to read 'Seward'.

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

A handwritten signature in black ink, appearing to read 'Richard J. Eichler'.

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

FOR STUDENTS BORN AFTER SEPTEMBER 1, 1991 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 Health Services at Columbia to administer treatment to the student named on this form.

Parent/Guardian Signature

Date

Please return this form to:

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