

Upon completion, please submit via email (cuhmedicalrecords@cumc.columbia.edu)

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 who are under 18 years of age.* Please complete this authorization form and submit it via email (preferred) or submit it to the address or fax listed below. 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.

Melanie Bernitz, M.D., M.P.H.
Senior Vice President,
Columbia Health

Urmi Desai, M.D.
Associate Vice President,
Medical Services

Richard J. Eichler, Ph.D.
Associate Vice President,
Counseling and Psychological
Services

For students under 18 years of age the following is required:

Please print:

Student's Name: _____

Student's Date of Birth: _____

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

UNI (University Network ID): _____

Name of Parent or Guardian: _____

Parent/Guardian Home Address: _____

Parent/Guardian Phone Number(s): Home: _____ Daytime: _____

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

By checking this box and typing my name below, I am electronically signing this form.

Parent/Guardian Signature

Date

Please return this completed form to Columbia Health Medical Records at cuhmedicalrecords@cumc.columbia.edu

Alternate return options:
Fax: (212) 854-9851

Mail: John Jay, 4th Floor
519 West 114th Street, MC 3601
New York, NY 10027

** Per NY State Law, parental/guardian consent for care is not required in certain situations*