

**AUTHORIZATION OF HEALTH SERVICES FOR STUDENTS UNDER 18 YEARS OF AGE**

I am the parent or legal guardian of the above mentioned student, and I understand that situations may arise in which the student may need to be treated in the Student Health Center for a medical condition while at school and it may not be possible for the College to notify me before the care is rendered. I further understand that the College will make its best effort to notify me of this situation; however, if such notice is not possible, I authorize that care be rendered. Also, in the event of an emergency, I hereby authorize the Student Health Center to refer the student to a physician, health care institution, or other healthcare provider to perform any diagnostic, medical, or surgical treatment deemed necessary by the College Health Center.

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**Signature of Parent/Guardian**

**Date**