

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

A record of parental or guardian authorization for medical care must be on file to facilitate care for students who are under 18 years of age on the day of arrival on campus. Please complete this authorization form and return it in the same envelope with the signed required Immunization Record and Physical Exam documentation, and any other forms you are submitting.

We look forward to seeing you on campus and hope that you will take advantage of the many programs and services offered by Drew University Student Health Services.

## Permission for release of medical information:

I authorize release of relevant medical information to my insurance company for the purpose of reimbursement.

## Permission to use e-mail address:

I authorize Drew University Health Services to contact me by my e-mail address for notification purposes.

## Permission for medical care:

Name:

I authorize Drew University Health Services to provide medical services, or when circumstances require immediate action, to proceed according to standard medical practice in my treatment.

Student signature:		
Date:		
If student is under isign:	years of age at time of college entry, parent/legal guardian must a	lso
Parent/guardian sig	ature:	
Relationship:	Date:	

**Instructions to the student:** Please complete and mail completed, signed documents together in one envelope to:

DREW UNIVERSITY HEALTH SERVICES, 36 Madison Ave, Madison, NJ 07940.