

Student: Name _____
Date of birth _____
Soc. Sec. # _____

To Parents and Guardians of Applicants under Eighteen:

In order to quickly procure any medical care for our student and at the same time to protect the physicians and institutions involved, it is requested that this consent for treatment be signed and witnessed by a notary public or SUNY Old Westbury staff member.

Pursuant to the authority vested in me as parent or guardian of the above named student, I do hereby authorize the SUNY College of Old Westbury medical staff upon consultation with a practicing physician to exercise for me and on my behalf, all rights and duties with reference to consenting to appropriate medical or psychiatric care, medicines and referrals, including care and treatment, by any hospital or physician which they may deem necessary for the medical care of the above named student.

(Parent/Guardian) Print Name _____
circle one

Signature _____

Subscribed before me this on this date _____

Witnessed by _____
(Notary Public signature should include seal)