



AUTHORIZATION FOR A MINOR CHILD

A student is considered a minor if they are under the age of 18 at the time of residence hall check-in or the start of classes, whichever comes first.

Minor Child's Full Legal Name: _____

SUNY OW Student ID # _____ DOB: _____

Home Address: _____

Name of Custodial Parent/legal guardian: _____

do hereby authorize the SUNY Old Westbury medical and/or mental health counseling staff to provide needed medical and/or psychological care to my/our child, including the administration of prescriptions, medications, or other medical and/or mental health therapy, and if deemed necessary, the provision of referrals to other physicians, therapists, urgent care centers or hospitals for diagnostic or therapeutic purposes.

I further assert that my minor child is fully aware of his/her/their personal medical/psychological needs, and hereby assure the university that my child was carefully counseled about assuming the risk and responsibility to seek medical/psychological care and treatment whenever the need is identified.

This authorization is valid from the date of notarization until the date my child turns 18 years of age.

Name: _____

Address: _____

Cell # _____

Alternate # _____

Email: _____

Signature: _____

MUST BE COMPLETED BY NOTARY PUBLIC:

Signed before me, _____, on this date _____

Signature: _____ Stamp/Seal

Address: _____
