

# AUTHORIZATION FOR A MINOR CHILD ATTENDING SUNY OLD WESTBURY

**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 Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**MUST BE COMPLETED BY NOTARY PUBLIC:**

Signed before me, \_\_\_\_\_, on this date \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp /Seal:

Address: \_\_\_\_\_

\_\_\_\_\_

**Return to Student Health Services at SUNY Old Westbury**

**By Mail:** Student Health Center: 223 Store Hill Road, Old Westbury NY 11568

**By Fax:** 516-876-3142

**By Email:** studenthealth@oldwestbury.edu

**Questions?**

Call Student Health Services at 516-876-3250