



# CONSENT FOR MINORS

*Due Before Classes Begin*

## PERSONAL INFORMATION (PLEASE TYPE OR PRINT)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Student ID/800#: \_\_\_\_\_

Student's Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Country)

## PRIMARY PERSON TO NOTIFY IN CASE OF AN EMERGENCY

### Parent/Guardian (Primary)

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

### Parent/Guardian (Secondary)

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

## PERMISSION FOR TREATMENT OF STUDENTS UNDER 18 YEARS OF AGE

For parents/guardians of students under 18 years of age: In order to provide routine and/or emergent medical care or immunizations, please sign the consent below. Parental contact will be made at the discretion of the healthcare provider.

I, \_\_\_\_\_, pursuant to the authority vested in me as parent/guardian of \_\_\_\_\_

Parent/Guardian

Student's Full Name

do hereby authorize the staff of the Hazen Center for Integrated Care upon consultation with a licensed care provider, to exercise on my behalf, all rights and duties with reference to consenting to appropriate medical, and psychiatric care and treatment which they deem necessary for the treatment of my child/ward/student.

Signed (parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_

## REQUIRED IMMUNIZATIONS

# 1 – Two Doses of MMR: Documentation of immunity to Measles, Mumps, and Rubella.

Obtain a copy of your immunization records from your health provider, high school, or previous college.

# 2 – Meningitis vaccine within 5 years of enrollment. OR

Review the meningitis information and decline the vaccine online.

Students who reside on campus are recommended to receive the meningitis vaccine.

Login to [www.brockport.edu/life/health\\_center](http://www.brockport.edu/life/health_center), click MyHazen link to upload your immunizations and/or waive the meningitis vaccine.

## MEDICAL INFORMATION

Drug Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Chronic Illnesses: (Examples: Asthma, Diabetes, Seizures): \_\_\_\_\_

Mental Health/Psychological/Learning Conditions: \_\_\_\_\_

## HEALTH INSURANCE INFORMATION

Health insurance is mandatory for all students. Carry a copy of your insurance card. Upload your Medical Insurance Information so it is on file at the Health Center. Login to [www.brockport.edu/life/health\\_center](http://www.brockport.edu/life/health_center), click MyHazen link, go to Insurance tab. Be aware of any restrictions to your coverage such as copays, deductibles or out of area coverage.

All students pay a mandatory, non-user-based Health Center fee. In addition to supporting the operation of the Health Center, the fee is used to promote many health and wellness programs conducted for the benefit of students. Please note many of the services provided by the Hazen Center for Integrated Care are covered by the health fee. This may include medical office visits, some medications and counseling services.

The student health fee does NOT cover lab testing or services not performed at the health center, emergency room visits and medications not carried by the Health Center.

Students will use their health insurance and be billed for these services. Out-of-pocket costs (deductibles, co-pays) are the student's responsibility.

**Hazen Center for Integrated Care (585) 395-2414 • Fax (585) 395-2559**