



Parental Permission and Medical Consent to treat a Minor

Last/Family Name (Print) First Name Middle **Date of Birth** (MM/DD/YYYY)

Email Address Cell Phone RIN (Rensselaer ID #)

◆ **If you are under 18 years of age, the following needs to be signed by your parent/ guardian.**

I give permission for my son/daughter to be treated by the Student Health Center including health and counseling services. I also authorize urgent or emergency treatment at Samaritan Hospital in Troy, NY. Financial coverage for medical care is subject to your insurance plan limitations.

Parent's/Guardian's Signature _____ Date _____

Your medical information is confidential and will not be released without your written consent. If you are under 18 years of age, your parents may have access to some of the data in your medical and counseling records. They will be notified if you are hospitalized. If you are over 18, it is your responsibility to inform your parents regarding your medical information.

Return to:
Student Health Center-RPI
110 8th Street- 3200 Academy Hall
Troy, NY 12180
(518)276-6287 Fax: (518)276-8573
healthrecords@rpi.edu