Parent/Guardian Authorization for Treatment of Students Under 18 Years of Age

COLUMBIA HEALTH

A record of parental or guardian authorization for medical care and counseling services must be on file to facilitate care for students who are under 18 years of age on August 31, 2016. Please complete this authorization form and return it to the address or fax listed below. We look forward to seeing you on campus and hope that you will take advantage of the many programs and services offered by Columbia Health.

Melanie Bernitz, MD, MPH
Interim Associate Vice President and
Medical Director, Columbia Health

Richard J. Eichler, Ph.D.
Executive Director, Counseling and
Psychological Services

For students under 18 years of age the following is required:

(Please print.)

STUDENT'S NAME: _____

DATE OF BIRTH: _____

CUID (CUID appears on the Student Account Statement and in SSOL) _____

UNI (University Network ID) _____

NAME OF PARENT OR GUARDIAN: _____

PARENT/GUARDIAN HOME ADDRESS: _____

_____

PARENT/GUARDIAN PHONE NUMBERS: HOME ( ) _____ DAYTIME ( ) _____

The undersigned hereby authorizes Columbia Health to administer treatment to the student named on this form.

_____ _____

Parent/Guardian Signature Date

Please return this form to:

Columbia Health Medical Records
John Jay, 4th Floor
519 West 114th Street, MC 3601
New York, NY 10027

Fax: (212) 854-9851

health.columbia.edu