

AUTHORIZATION FOR MEDICAL CARE AND TREATMENT FOR MINORS

If the student is under 18 years of age, please complete and return this form to:

**Yale Health Center
New Student Forms
PO Box 208237
New Haven, CT 06520-8237**

Yale Health Center requests that at the time of admission, the parents or legal guardians of students under the age of 18 provide written authorization for Yale Health Center to provide medical care and treatment, including mental health and counseling services, to minor students.

The undersigned hereby grants permission for medical care and treatment, including mental health and counseling, to be provided by Yale Health Center staff to:

Student's Last Name	First Name	Date of Birth
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Yale Summer Session

Telephone Number

Signature of Parent or Guardian

Date

Revised 3/11

Yale HEALTH

55 Lock Street, P.O. Box 208237, New Haven, CT 06520-8237