

COLGATE UNIVERSITY

Student Health Services
13 Oak Drive
Hamilton, NY 13446-1398
Telephone: 315-228-7750 Fax: 315-228-6823

Parent/Guardian Permissions for Student Under Age 18*

INFORMATION (please print)

Name of student (first, middle, last) _____
Name of parent/guardian _____
Today's date (mm-dd-yyyy) _____ Student date of birth (mm-dd-yyyy) _____

ACKNOWLEDGMENT OF PRIVACY PRACTICES

It is the policy of Colgate University that student medical records are confidential. No information is released without the written authorization of the student except in some emergency or public health situations or under court-ordered subpoena. For additional information see Student Health Services' [Confidentiality](#) policy.

I acknowledge that I have been made aware of the privacy practices of Colgate Student Health Services.

Signature of parent or guardian _____

PERMISSION TO TREAT, AND CONSENT TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

Student Health Services (SHS) provides and coordinates health care for students while they are in the Hamilton, NY area. If your student requires treatment at Hamilton's Community Memorial Hospital, another hospital or urgent care center, or a specialist, the community provider and Student Health Services will share relevant health information as needed for continuity of care. In the event of a major health problem, whenever possible, specific permission will be obtained from you.

- I give permission to the medical staff of Colgate Student Health Services to examine and treat my student for all health, medical, or psychological problems and injuries that may occur while they are at school. In the event that time will not allow that I be reached, or that I cannot be reached, I give permission for my student to receive health care from Student Health Services, Community Memorial Hospital and/or Urgent Care facility, other regional hospitals, appropriate specialists, and ambulance services in the event of an injury, illness, or other treatment necessary to assure the continued health of the student.
- I consent to have Student Health Services use and disclose my student's protected health information for treatment, payment, and health care operations purposes.
- I understand that I will be responsible for all charges for health services by SHS and by off-campus providers.

Signature of parent/guardian _____

CONSENT FOR IMMUNIZATIONS

Students enrolled for 6 or more credits who have not had all the required immunizations must receive them Colgate's Student Health Service soon after arriving on campus. (See [Immunization Requirements](#)) We need your signed permission to administer these. Please indicate the recommended immunizations you would like your student to receive.

I give my consent for Colgate's SHS to administer to my student:

Any required immunizations that may be necessary for full compliance.

And the following immunizations recommended by the U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association.

Hepatitis B ____ Meningococcal (quadrivalent) ____ Influenza Vaccine ____

Signature of parent or guardian _____

MENINGITIS WAIVER FOR A MINOR

New York State Public Health Law section 2167 requires all college and university students to provide a completed response related to meningococcal meningitis vaccine. Students must demonstrate proof of vaccination in the past five years or sign a waiver opting not to obtain the immunization. For more information about required and recommended immunizations, please visit: [Immunization Requirements](#)

I have read or have had explained to me the information regarding meningococcal meningitis disease. I understand the risks of my student not receiving the vaccine. I have decided that I will not obtain immunization for my student against meningococcal meningitis disease.

Signature of parent or guardian _____

***These authorizations are required and will be in force until your student reaches his/her/their 18th birthday.**

INSTRUCTIONS

- Parent/guardian: check all appropriate boxes, and provide all signatures
- Submit to Colgate Student Health Services:
 - In person
 - By FAX: 315-228-6823
 - By email: studenthealth@colgate.edu
 - By mail:
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Colgate University
13 Oak Drive
Hamilton, NY 13446-1398