



Parental Consent Medical Treatment of a Minor

New York State Law requires parental consent for the medical treatment of a person under 18 years of age.

Medical Treatment

I hereby **give consent** for health services and its' designees to provide medical treatment to my son/daughter.

Name of Student (printed): _____

Student M#: _____

Parent / Guardian Signature: _____

Date Signed: _____

Immunizations / Tests

I **authorize** health services and its' designees to administer the following immunizations or tests to my son/daughter.

Name of Student (printed): _____

Student M#: _____

Tdap (Tetanus diphtheria pertussis) vaccine

Tuberculin skin test (PPD)

Measles Mumps & Rubella vaccine (MMR)

Influenza vaccine

Parent / Guardian Signature: _____

Date Signed: _____