Health Services
MONROE COMMUNITY COLLEGE

PARENTAL CONSENT FOR MEDICAL TREATMENT OF A MINOR

Name of Student (Please Print): _____

Student M#:_____

PART I

New York State law requires parental/guardian consent for the medical treatment of a person under 18 years of age. I hereby give my consent for Health Services or its' designees to provide health related and medical treatment to my minor child.

Parent / Guardian signature: _____

Date signed: _____

PART II

I hereby authorize health services and/or its' designees to administer the following to my minor child (please initial by the appropriate vaccine or test):

- Measles, Mumps & Rubella vaccine (MMR) _____
- Seasonal Influenza vaccine_____
- Tdap (Tetanus diphtheria pertussis) vaccine_____
- Tuberculin skin test (PPD) _____

Parent / Guardian signature: _____

Date signed: _____

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