Yale HEALTH

Complete this form legibly and upload to:
https://healthontrack.yale.edu

Authorization for Medical Care and Treatment for Minors

THIS FORM IS REQUIRED FOR ALL STUDENTS UNDER 18 YEARS OF AGE

LEGAL Last Name	**LEGAL First Name**	**Date of Birth** (mm-dd-yyyy)	**NETID**
Chosen Name	**Phone**		
Department/Program of Study at Yale (Check one) ○ Undergraduate ○ Graduate ○ Summer ○ School of Medicine ○ School of Nursing ○ Physician Associate Program			

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:

_____ _____

Printed Name of Parent/Guardian Relationship to Student

_____ _____

Signature of Parent/Guardian Date