Canisius
COLLEGE
Where leaders are made

Student Health Center

Frisch Hall | phone 716-888-2610 | fax 716-888-3217

Personal Information:

Name: _____

Date of Birth: _____

Home Address: _____
_____
_____

Phone Number: (_____)_____

Authorization for Medical Treatment for Minors
(Student Under 18 Years of Age)

I am the parent or legal guardian of the above-referenced minor, who is a student at Canisius College. I understand that situations may arise in which my child or legal ward may need to be treated in the Student Health Center for a medical condition while at school and it may not be possible for Canisius College Student Health Center nursing staff or representative of the College to notify me before the care is rendered. I further understand that Canisius College Student Health Center staff or representative of the College will make its best effort to notify me of this situation; however, if advance notice is not possible, I authorize that care be rendered.

I also understand that my child or legal ward may need to quickly procure emergency medical treatment and it may not be possible for the Canisius College Student Health Center nursing staff or a Canisius College representative to notify me before emergency care is rendered. I further understand that the Student Health Center staff or Canisius College representative will make its best effort to notify me at once in the event of a serious accident or illness involving my child that comes to its attention.

I understand that there are certain risks inherent in any medical treatment, emergency, urgent, and routine care, including the risk that such treatment may not accomplish the desired objective.

I hereby authorize the Student Health Center nursing staff at Canisius College or representative of Canisius, or any physician, health care institution, or other healthcare providers that the Student Health Center deems it appropriate to consult with, to provide my child or legal ward emergency medical care, routine care, and urgent care; including, without limitation, general medical care, psychiatric care, surgery, anesthesia, radiology, medicines, immunizations, or hospitalization.

_____

Parent/Legal Guardian Signature Date