



Parent/Guardian Permissions for Student Under Age 18*

1. INFORMATION (please print)

Name of student (first, middle, last) _____

Name of parent/guardian (please print) _____

Today's date (mm-dd-yyyy) _____ Student date of birth (mm-dd-yyyy) _____

2. ACKNOWLEDGMENT OF PRIVACY PRACTICES

Please review our Notice of Privacy Practices. It describes our policy and the ways in which we use and protect your student's personal health information: health.cornell.edu/about/confidentiality-patient-rights (pdf)

- I acknowledge that I have been made aware of the Notice of Privacy Practices of Cornell Health.

Signature of parent or guardian _____

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

In order to authorize routine and/or emergent medical care for your student, please sign the consent below. Parental contact at or around the time of care will be made at the discretion of the healthcare provider.

- I do hereby consent to the provision of routine and/or emergent medical care for my student by Cornell Health.
- I authorize Cornell Health to coordinate further medical care, as deemed necessary or advisable by a licensed healthcare provider, with providers other than Cornell Health, including but not limited to Cayuga Medical Center, Cayuga Health System, urgent care services, ambulance services, and specialty healthcare providers.
- I understand that I will be financially responsible for all care provided by Cornell Health and by any other healthcare provider according to the terms of each such healthcare provider's services.
- I consent to Cornell Health's use and disclosure of my student's protected health information for treatment, payment, and health care operations purposes. Protected health information includes, for example, health, billing, and demographic information about or collected from your student, whether created or received by Cornell Health.

Signature of parent or guardian _____

4. CONSENT FOR IMMUNIZATIONS (not required for students taking fewer than 6 credits)

REQUIRED IMMUNIZATIONS:

Students taking 6 or more credits who have not had all the required immunizations [TDaP; Measles, Mumps, Rubella (MMR), and Varicella (Chicken Pox)] **MUST** receive them soon after arriving on campus and may make arrangements with Cornell Health to do so. (See health.cornell.edu/requirements). We need your signed permission to administer these. We will not re-vaccinate students who have submitted proof of prior vaccination that meet the guidelines.

Signature of parent or guardian _____

RECOMMENDED IMMUNIZATIONS:

The following immunizations: [Hepatitis B; Meningococcal (quadrivalent); Meningococcal (Serogroup B); Human Papilloma Virus (HPV); and Hepatitis A] are recommended by the U.S. Centers for Disease Control and Prevention (CDC) and the American

College Health Association. We need your signed permission to administer any *recommended* immunizations you would like your student to receive. We will not re-vaccinate students who have submitted proof of prior vaccination that meet the guidelines.

Signature of parent or guardian _____

Because you may not know which required immunizations will be needed, it is recommended that you review the Vaccine Immunization Statements (VIS) for the following: TDaP; Measles, Mumps, Rubella (MMR), and Varicella (Chicken Pox). These are available at: health.cornell.edu/services/immunizations-allergy-shots/immunizations/vaccine-information-statements.

VIS for recommended immunizations are also available on that page.

For more information about required and recommended immunizations, please visit: health.cornell.edu/services/immunizations-allergy-shots/immunizations.

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

INSTRUCTIONS FOR MEDICAL CLEARANCE (incoming students under age 18 only)

- **Parent/guardian:** provide all signature as appropriate.
- **Student:** upload form using the “Privacy and Consents” item on your medical clearance list in myCornellHealth.