

DREW UNIVERSITY HEALTH SERVICE
36 Madison Ave, Madison, NJ 07940 Tel: 973-408-3414

Name: _____ Birth date: _____ / _____ / _____
Last First Middle Month Day Year

Parent/Guardian Authorization for Treatment of Students Under 18 Years of Age

A record of parental or guardian authorization for medical care must be on file to facilitate care for students who are under 18 years of age on the day of arrival on campus. Please complete this authorization form and return it together with the required signed Immunization Record and Physical Exam documentation, and any other forms you are submitting.

We look forward to seeing you on campus and hope that you will take advantage of the many programs and services offered by the Drew University Health Service.

Permission for release of medical information:

I authorize release of relevant medical information to my insurance company for the purpose of reimbursement.

Permission to use e-mail address:

I authorize Drew University Health Services to contact me by my e-mail address for notification purposes.

Permission for medical care:

I authorize Drew University Health Services to provide medical services, or when circumstances require immediate action, to proceed according to standard medical practice in my treatment.

Student signature: _____

Date: _____

If student is under 18 years of age at time of college entry, parent/legal guardian must *also* sign:

Parent/guardian signature: _____

Parent/Guardian (please print): _____

Relationship: _____

Date: _____

Instructions to the student: Please submit completed, signed form by uploading to your web portal: drew.studenthealthportal.com.