



**Authorization to Treat a Minor
Guardian Consent**

I am the parent or legal guardian of _____,
currently a minor, whose date of birth is ____/____/____. I authorize Health and Wellness
Services of Tompkins Cortland Community College to provide medical and/or mental health
care to my student, including nursing care, and mental health counseling. I understand that
should my student need more invasive, diagnostic, or surgical procedures, attempts will be
made to connect with me, time and conditions permitting. I further understand once my student
reaches their 18th birthday, my consent for treatment is no longer required.

Guardian Signature _____ Date _____

Guardian Printed _____

Student Name _____ D.O.B _____