

Under 18: REQUIRED PRIOR TO ARRIVAL AT BARNARD

TO BE COMPLETED & SIGNED BY YOUR PARENT/GUARDIAN

MINORS CONSENT FORM

Consent for Treatment of Minors:

If your child is age **17 or younger** this form must be completed.

Please print legibly in blue or black ink

Student Name: _____
First Middle Last

Student Date of Birth: ____/____/____
M D Y

I, _____ hereby give permission to the
(Print Name of Parent/Guardian)

clinicians at the Barnard College Primary Care Health Service to provide medical care for

(Print Student's Legal Name)

I understand that clinicians are compelled by the laws of the State of New York to maintain my child's confidentiality with regard to all sexuality-related health needs.

Signed: _____
(Parent/Guardian's Signature)

Date: _____
(MM/DD/YY)