

PERMISSION and CONSENT for TREATMENT

****If you are currently under the age of eighteen years, your parent or guardian must sign below. If you are not 18, please indicate the month, day, year that you will be 18 years old.**** I will be 18 years old on / /

PERMISSION and CONSENT FOR TREATMENT OF PERSONS AGE 18 YEARS AND OVER

I realize that all medical and mental health information given is confidential and for the use of the Campus Health Nurse Office. I understand that Manhattan School of Music (MSM) offers free medical (Campus Health Nurse Office) and mental health services (Counseling Center) to students, and that my personal health and psychiatric information, including but not limited to symptoms, treatments, medications and diagnoses while I'm enrolled as a student, may be disclosed by and between the Campus Health Nurse Office and Counseling Center staff on an as needed basis to provide the best possible medical care, which disclosure(s) I hereby authorize without limitation. I am 18 years of age or older. I am aware that the practice of medicine is not an exact science, and I acknowledge no guarantees have been made to me as to the result of treatment or examination by the Campus Health Nurse.

Student's name (print): _____ MSM ID#: _____

Student's Signature: _____ Date: _____

PERMISSION and CONSENT FOR TREATMENT OF PERSONS UNDER AGE 18 YEARS (MINORS)

If your son/daughter is a minor (under 18 years of age), you as a parent or legal guardian must sign this consent form so that the Campus Health Nurse Office may promptly carry out appropriate treatment and provide urgent or emergency health services with no unnecessary delay. Without a signed permission for treatment, we will not treat your minor son/daughter unless an emergency exists or his/her presenting condition is exempted from requiring a parental consent and/or notification by State of New York law. It should be understood that under certain circumstances your son/daughter will be transported to area hospitals for diagnosis and treatment.

I realize that all medical and mental health information given is confidential and for the use of the Campus Health Nurse Office. I understand that Manhattan School of Music (MSM) offers free medical (Campus Health Nurse Office) and mental health services (Counseling Center) to students, and that my personal health and psychiatric information, including but not limited to symptoms, treatments, medications and diagnoses while I'm enrolled as a student, may be disclosed by and between the Campus Health Nurse Office and Counseling Center staff on an as needed basis to provide the best possible medical care, which disclosure(s) I hereby authorize without limitation. I am aware that the practice of medicine is not an exact science, and I acknowledge no guarantees have been made to me as to the result of treatment or examination by the Campus Health Nurse. As long as the treatment considered necessary in the situation is in accordance with generally accepted standards of medical and mental health practice, I impose no specific limitations or prohibitions regarding treatment other than the following (if none, so state):

Student's name (print): _____ MSM ID#: _____

Signature of parent/guardian _____ Date _____

Relationship: _____

Consent for RN to contact student by email or phone Yes No

Email: _____ Phone: _____

Student's signature: _____ Date: _____