



Parent or Guardian Consent

New York State law requires the consent of a parent/guardian for medical care (reproductive and sexual health care excluded) of persons under 18 years of age. If your dependent is a student at the University at Oneonta, the information below must be completed before treatment can be provided.

I, _____, am the parent/guardian of _____, who is currently a minor. I authorize SUNY Oneonta Health Center to provide medical care to my dependent, including but not limited to diagnostic procedures, medical treatment, and administration of medications deemed appropriate by the Health Centers medical staff.

I understand that if an injury/illness is determined to require urgent intervention, an ambulance will be called to take my dependent to a hospital and Health Centers staff will make every effort to contact me.

I understand that once my dependent reaches age 18, my consent for treatment is no longer required.

By my signature, I acknowledge that I have read and understand this consent, and that any questions I have prior to signing this can be answered by contacting Health Center at 607-436-3573.

I understand that medical services provided outside of Oneonta Health Center (i.e. at pharmacies, laboratories, hospitals) are subject to my health insurance’s benefit plan including applicable copays and/or deductibles. I understand that there are fees for some services (such as send out laboratory testing, certain medications) at the Health Center. I understand that I can request reimbursement from my health insurance company for these fees and that reimbursement depends on my health insurance policy’s coverage. I agree to be responsible for the payment of any services rendered by the Health Center not covered by my dependent’s health insurance.

Permission to Treat Your Child

Your signature below indicates that SUNY Oneonta Student Health Center has permission to treat your child. This includes care and treatment by medical providers at any outside health care facility if deemed necessary by SUNY Oneonta Student Health Center.

Parent/Guardian Signature: _____

Date: _____

Student’s Name: _____

Date of Birth: _____

SUNY Oneonta A#: _____

Submit Completed Forms

Via Mail:

SUNY ONEONTA
Health and Wellness Center
108 Ravine Parkway
Oneonta, NY 13820

Via Fax:

607-436-2074