

# BARUCH COLLEGE RESIDENCE LIFE



**BARUCH COLLEGE**  
**STUDENT HEALTH CENTER**  
 138 East 26<sup>th</sup> Street, Street level, NY, NY 10010  
 Phone (646) 312-2040 Fax (646) 312-2041

**YESHIVA UNIVERSITY**  
**STUDENT HEALTH CENTER**  
**Wilf Campus**-500 West 186<sup>th</sup> Street, NY, NY 10033  
 Phone (646) 685-0391 Fax (646) 685-0395  
**Beren Campus**- 50 East 34<sup>th</sup> Street, 2<sup>nd</sup> fl, NY, NY 10016  
 Phone (212) 340-7792 Fax (212) 340-7858

**MARYMOUNT MANHATTAN COLLEGE**  
**STUDENT HEALTH CENTER**  
 231 East 55<sup>th</sup> Street, 1<sup>st</sup> fl, NY, NY 10022  
 Phone (212) 579-5870 Fax (212) 579-5879

**Occupational Medicine/Employee Health at BIMC**  
 317 East 17<sup>th</sup> St, 2<sup>nd</sup> floor, NY, NY 10003

## CONSENT FOR TREATMENT OF A MINOR

Please print all information:

Student Name .....	Social Security # .....	Date of Birth .....
Address .....		Home Phone .....
City .....	State .....	Zip .....
<input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth .....	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Carrier .....		Policy or Group # .....

The relationship between a student and the College is confidential. Medical information will only be released when and if prescribed by law and/or at the written request of the student or guardian.

**PARENTAL PERMISSION:** The law requires that parental permission be obtained for treatment and for vaccinations (as recommended by The Centers for Disease Control and New York State Department of Health) for persons less than 18 years of age (minors). This consent form should be signed by parents so that such treatment/vaccination may be promptly carried out and unnecessary delays be avoided.

*I give permission to the Student Health Center for vaccinations and treatment procedures as may be deemed medically necessary for my son/daughter named above.*

(Print) Name of Parent/Guardian \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian contact information (phone# &/or email) \_\_\_\_\_