



STUDENT HEALTH SERVICES
Academic/Student Services

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Garden City, NY 11530-6793

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CONSENT FORM FOR STUDENTS UNDER 18 YEARS OF AGE

Name (print) _____
Last Name First Name M.I.

NCC-ID#: N_____

Street _____

Student's Date of Birth: _____
mm/dd/yyyy

City State Zip

To Parents & guardians of applicants under eighteen years of age:

In the event a student needs emergency medical care, sports physical or medical treatment for minor illness or injury, it is requested that you sign, and have notarized, the consent form below. Be assured that when serious accidents or illnesses come to our attention we make every effort to notify parents/guardians, at once. Your cooperation is greatly appreciated.

_____ pursuant to the authority vested in me as _____
FULL NAME OF PARENT OR GUARDIAN PARENT/GUARDIAN

of _____ do hereby authorize a practicing physician or registered nurse
STUDENT'S FULL NAME

to exercise for me and on my behalf, all rights and duties with reference to consenting to appropriate medical, surgical or hospital treatment deemed necessary for the medical or emergency care of my _____.
DAUGHTER/SON



Notary Public (with seal)

Signature – Parent/Guardian

Signature – Notary Public

Subscribed to me before this _____ day of _____, 20__