



Consent for Treatment

Please read these instructions before filling out the Consent for Treatment form.

This form is to be completed by parent/guardian only for students who have a date of birth after 8/15/1991. This is permission for us to provide both medical and mental health treatment at the Health Center, provide immunizations, and in the case of an emergency, have emergency/surgical medicine provided by a local hospital if we are unable to reach the parent or guardian.

DUE DATE: JULY 1, 2009

Consent for Treatment of Students Under 18 Years of Age



Mount Holyoke College, Pattie J. Groves Health Center
South Hadley, MA 01075-1458

NAME _____
LAST FIRST MIDDLE DATE OF BIRTH

The following permissions are required for students under 18 years of age at the time they enter Mount Holyoke College. The cutoff dates are August 15 for fall semester and January 15 for spring semester.

I hereby grant permission to the College clinician to provide medical and mental health care to my daughter while at Mount Holyoke College. I understand that I am financially responsible for care provided. I understand an itemized statement is provided to my daughter monthly. This statement will provide sufficient detail for me to submit to my insurance carrier.*

DATE SIGNATURE RELATIONSHIP

I hereby grant permission for the treatment, including hospitalization, anesthesia, or surgery of my daughter in the event of a medical emergency or surgical emergency. This permission is in the event that I am not able to be contacted and medical or surgical judgement indicates that further delay would represent a serious risk to her.

DATE SIGNATURE RELATIONSHIP

I hereby grant permission to the Health Service of Mount Holyoke College to complete immunizations as required by Massachusetts state law or to give appropriate boosters or flu shots as deemed indicated by the Medical Director.*

DATE SIGNATURE RELATIONSHIP

* See www.mtholyoke.edu/offices/health for links to information on health insurance, billing practices and immunization requirements.