



**Anna Maria College**  
**Health Services**  
 50 Sunset Lane, Paxton, MA 01612  
 Phone: 508-849-3315 Fax: 508-849-3471  
 Email: [healthservices@annamaria.edu](mailto:healthservices@annamaria.edu)

## AUTHORIZATION TO TREAT A MINOR

Required only for students under 18

**Student/Patient Information (please print)**

First Name	Last Name	Date of Birth
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This form is required for students who will turn 18 on or after the date they arrive on campus for move-in/start of classes.  
 To be completed by the student's parent/guardian

Massachusetts law requires a parent or guardian's consent for medical treatment of a minor. If your child/dependent is a student, or attending a program, at Anna Maria College, the following form must be completed.

I, (please print) \_\_\_\_\_ am the parent/guardian of the student identified above, who is currently a minor.

I authorize Anna Maria College Health Services to provide routine medical and/or mental health care to my child/dependent, including but not limited to, diagnostic examinations, medical treatment and mental health counseling, as determined appropriate by the Health Services staff.

I understand that if an injury/illness is determined by Health Services staff to require more extensive medical treatment or to be life-threatening, arrangements will be made to take my child/dependent to a hospital and that Anna Maria College Health Services will make every reasonable effort to contact me.

I understand and agree that there are certain conditions, such as pregnancy, sexually transmitted diseases and drug/alcohol addiction, for which my minor child/dependent may consent to treatment without my knowledge.

I understand and agree that I will be responsible for any costs or expenses incurred for the treatment of the above named student.

I further understand that once my child/dependent reaches the age of 18, my consent for any treatment is no longer required.

By my signature, I acknowledge that I have read and understand this authorization, and that any questions I have prior to signing can be answered by calling Anna Maria College Health Services at 508-849-3315.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

*In the event of an emergency, we will attempt to notify contacts in the order listed*

<b>EMERGENCY CONTACT #1      Name:</b>		
Relationship to Student	Phone	Alternate Phone
Email (optional)		
<b>EMERGENCY CONTACT #2      Name:</b>		
Relationship to Student	Phone	Alternate Phone
Email (optional)		