



**Mount Sinai Business Health**  
 226 W 14<sup>th</sup> Street, 1<sup>st</sup> floor, New York, NY 10011  
 Tel: 212-420-2882  
 Toll Free: 877-420-4209  
 Fax: 212-844-1761  
 BusinessHealth@mountsinai.org

**Baruch Student Health Center**  
 138 E 26<sup>th</sup> Street Ground Floor New York, NY 10010  
 Tel: 646-312-2045 Fax: 646-312-2041

**Beren Campus Student Health Center**  
 Yeshiva University Brookdale Residence Hall 2B  
 50 E 34<sup>th</sup> Street, New York, NY 10016  
 Tel: 212-340-7792 Fax: 212-340-7858

**Marymount College Student Health Center**  
 231 E 55<sup>th</sup> Street New York, NY 10022  
 Tel: 212-759-5870 Fax: 212-759-5879

**Wilf Campus Student Health Center**  
 Yeshiva University Furst Hall Room 520  
 500 W 185<sup>th</sup> Street, New York, NY 10033  
 Tel: 646-592-4290 Fax: 646-685-0395

**Consent for Treatment of a Minor**

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female  Other: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

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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 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.*

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Parent/Guardian Contact Information (Phone Number/Email): \_\_\_\_\_