Parent/Guardian Permissions for Student Under Age 18*

1. INFORMATION (please print)
   Name of student (first, middle, last) ____________________________ Cornell student ID# ____________
   Name of parent/guardian (please print) ____________________________
   Date (mm-dd-yyyy) ____________________________________________

2. ACKNOWLEDGMENT OF PRIVACY PRACTICES
   Please review our Notice of Privacy Practices. It describes our policy and the ways in which we use and protect your
   student’s personal health information: health.cornell.edu/about/confidentiality-patient-rights#Privacy Notice
   • I acknowledge that I have been made aware of the Notice of Privacy Practices of Cornell Health.
     Signature of parent or guardian ____________________________________________

3. PERMISSION TO TREAT, AND CONSENT TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION
   Cornell Health provides and coordinates health care for students when they are in the Ithaca area. If your student
   requires treatment at Cayuga Medical Center, another hospital or urgent care center, or a specialist, the community
   provider and Cornell Health will share relevant health information as needed for continuity of care. In the event of a
   major health problem, whenever possible, specific permission will be obtained from you.
   • I give my permission for my daughter/son/ward to receive health care from Cornell Health, Five Star Urgent
     Care, Cayuga Medical Center (including Convenient Care), appropriate specialists, and ambulance services in
     the event of an injury, illness, or other treatment necessary to assure the continued health of the student.
   • I consent to have Cornell Health use and disclose my student’s protected health information for payment,
     treatment, and health care operations purposes. Protected health information means health, billing, and
     demographic information about or collected from your student, and created or received by Cornell Health.
   • I understand that I will be responsible for all charges for health services provided by Cornell Health and by
     off-campus providers.
   • In the event Cornell Health participates with my student’s health insurance, I authorize the payment of
     benefits to Cornell Health.
     Signature of parent or guardian ____________________________________________

4. CONSENT FOR IMMUNIZATIONS (not required for students taking fewer than 6 credits)
   Students taking 6 or more credits who have not had all the required immunizations must receive them from Cornell
   Health soon after arriving on campus. (See health.cornell.edu/requirements.) We need your signed permission to
   administer these. We will not re-vaccinate students who have submitted proof of prior vaccination. Please check the
   box(es) for any of the recommended immunizations you would like your student to receive.
   I give my consent for Cornell Health to administer to my student:
   • Any required immunizations that may be necessary for full compliance.
   ...and the following immunizations (which are recommended by the Advisory Committee on Immunization Practices
   of the U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association):
   □ Hepatitis B □ Human Papilloma Virus (HPV) □ Meningococcal (quadrivalent)
   Signature of parent or guardian ____________________________________________
Because you may not know which required immunizations will be needed, it is recommended that you review the Vaccine Immunization Statements (VIS) for the following: TDaP; Measles, Mumps, Rubella (MMR), and Varicella (Chicken Pox). These are available online at health.cornell.edu.

The VIS for recommended immunizations also are linked here.

For more information about required and recommended immunizations, please visit: health.cornell.edu/services/medical-care/immunizations

* These authorizations are required and will be in force until your student reaches his/her 18th birthday.

INSTRUCTIONS

1. Complete in full:
   - check all appropriate boxes, and
   - provide all signatures

2. Return ONE COPY only:
   - UPLOAD through myCornell Health:
     Go to mycornellhealth.health.cornell.edu
     - Log in with Cornell net ID, password, and date of birth.
     - From Home Screen, click on “Messages.”
     - Then “New message;” then “Send message or attachment to Health Records.”
   - or FAX: 607.255.0269
   - or MAIL: Cornell Health, Attn: Requirements Office
     110 Ho Plaza
     Ithaca, NY 14853-3101