1 EOP STUDENT PARENTAL CONSENT FORM

Students attending Binghamton University are generally considered independent adults, and parental consent for medical care for those under 18 years of age are not routinely required. However, if medical concerns arise during summer, this information is referenced by medical professionals responding to emergencies. Should any of this information change, please notify the EOP Office as soon as possible.

"I, _____ pursuant to the authority vested in me as Parent/Guardian of:

Student name: _____

B-number: _____

Student Date of Birth: _____ (month/day/year)

do hereby authorize the medical staff upon consultation with a practicing physician or surgeon to exercise for me and on my behalf, all rights and duties with reference to consenting to appropriate medical, psychiatric, and surgical treatment, anesthetics, medicines and hospitalization, including care and treatment deemed necessary for the emergency care of my child during the 2023 Binghamton Enrichment Program, July 5th – August 4th, 2023."

CONSENT OF PARENT/GUARDIAN FOR MEDICAL / EMERGENCY TREATMENT

Parent/Guardian Signature _____

Date _____

EMERGENCY CONTACT

First Name: _____ Last Name: _____

Relationship to student: _____

Best number to reach contact: _____ Alternate #_____

STUDENT'S HEALTH INSURANCE INFORMATION

Company: _____ Policy #: _____

_____

2 EOP EMERGENCY CONTACT AND AUTHORIZATION FOR RELEASE FORM

Student
Last Name _____ First _____ MI____

Date of Birth: _____/_____/_____ (Month/Day/Year)

Please list any **Special Medical Needs**, **Religious Observations**, or **Dietary Restrictions** we should be aware of:

_____

_____

If applicable, please list **Prescribed Medications**:

_____

_____

_____

Please list any **allergies to food or medicine or other**:

_____

STUDENT CONSENT TO RELEASE INFORMATION

Should the need for medical attention arise, I, _____,
(Student Name)
hereby authorize release of any health information pertinent to my well-being and provision of care and treatment to the appropriate EOP professional staff. Consent regarding services received is for the purpose of ensuring adequate treatment and follow-up care. Health care professionals include, but are not limited to, providers at local hospitals/walk-in clinics, Decker Student Health Services Center, and the University Counseling Center, as well as others with pertinent information regarding my well-being.

*I understand that authorizing the aforementioned release is voluntary and not a condition for treatment, nor admission to Binghamton University. I have the right to revoke this authorization at any time, in writing, to the Educational Opportunity Program Office at Binghamton University.

Student Signature_____ Date _____

Parent/Guardian Signature _____ Date _____
(If student is under 18 yrs of age)