

Syracuse University  
Health Services  
Forms for Minors

### Permission for Health Care of a Minor

THIS FORM IS REQUIRED FOR STUDENTS UNDER THE AGE OF 18 AT THE TIME OF ARRIVAL ON CAMPUS AND MUST BE COMPLETED BY A PARENT OR GUARDIAN.

I hereby give permission to the medical and psychological staff of Syracuse University Health Services to examine and treat my son or daughter for all health, medical or psychological problems and injuries that may occur while he or she is at school. Furthermore, in the event that time will not allow that I be reached, or that I cannot be reached, I hereby give my permission for Health Services clinicians to secure the necessary consultative care for my child which may include hospitalization, anesthesia, surgery and/or indicated treatment.

Student Name (please print): \_\_\_\_\_

Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

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

Date: \_\_\_\_\_

### Meningitis Waiver for a Minor

IF YOUR STUDENT HAS ALREADY RECEIVED A VACCINATION FOR MENINGITIS IN THE PAST FIVE YEARS, PLEASE ENTER THE DATE OF THAT VACCINATION ON THE SU PATIENT PORTAL UNDER IMMUNIZATIONS. IF YOUR STUDENT HAS **NOT** RECEIVED A MENINGITIS VACCINATION, YOU MUST COMPLETE THIS WAIVER SO THAT YOUR STUDENT IS IN COMPLIANCE WITH NEW YORK STATE LAW.

New York State Public Health Law Section 2167 requires all college and university students to provide a completed response related to meningococcal meningitis vaccine. Student must demonstrate proof of vaccination in the past five years or sign a waiver opting not to obtain the immunization. This immunization is available at Syracuse University Health Services. The cost of this vaccine at Health Services is \$200.

I have read or have had explained to me the information regarding meningococcal meningitis disease. I understand the risks of my student not receiving the vaccine. I have decided that I will not obtain immunization for my student against meningococcal meningitis disease.

Parent/Guardian Name (please print): \_\_\_\_\_

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

Date: \_\_\_\_\_

### Emergency Contact for a Minor

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #1: \_\_\_\_\_

Emergency Contact Phone #2: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

**Please upload completed form to the secure patient portal at [suhportal.syr.edu](https://suhportal.syr.edu).**