



HARVARD UNIVERSITY

Health Services

HARVARD UNIVERSITY HEALTH SERVICES AUTHORIZATION TO TREAT A MINOR

[Parent/Guardian should complete and sign this form for any child/dependent under 18, unless the child/dependent: (i) is or has been married; (ii) is a parent; (iii) is in the armed forces; or (iv) lives independently and apart from his or her parent/guardian and manages his or her own finances.]

Massachusetts law generally requires a parent’s or guardian’s consent for medical treatment of a minor. If your child/dependent is a student, or attending a program, at Harvard University, the following form must be completed and returned prior to your child’s/dependent’s arrival on campus.

I, _____, am the parent/guardian of
(please print)

_____, date of birth _____
(please print)

who is currently a minor (under the age of 18).

I authorize Harvard University Health Services to provide routine medical and/or mental health care to my child/dependent, including but not limited to, diagnostic examinations (including radiological and laboratory testing), medical treatment and mental health counseling.

If an injury/illness is determined to be life-threatening, I authorize Harvard University Health Services to make arrangements for my child/dependent to be taken to a hospital, and I understand that a health care provider will make efforts to notify me.

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

I understand that, under Massachusetts law, there are certain conditions, such as pregnancy/suspected pregnancy, exposure/suspected exposure to sexually transmitted diseases and drug/alcohol addiction, for which my minor child/dependent may consent to treatment for themselves and without my knowledge. I also understand that there may be other circumstances in which Harvard University Health Services may determine, consistent with law, that my child/dependent may consent to treatment for themselves and without my knowledge.

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 Harvard University Health Services, 617-496-1630.

(Parent/Guardian signature)

Date: _____

PARENT/GUARDIAN EMERGENCY CONTACTS: Please make sure that all emergency contact information is included in your child’s/dependent’s my.Harvard profile.

