



**Health and Wellness Services**

**Authorization to Treat a Minor  
Parent/Guardian Consent**

I am the parent or legal guardian of \_\_\_\_\_,  
currently a minor, whose date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_. I authorize Health and Wellness  
Services of Tompkins Cortland Community College to provide medical and/or mental health  
care to my student, including nursing care, mental health counseling, substance use  
education, and recovery support. I understand this authorization applies to non-emergency,  
non-invasive services offered through Health and Wellness Services.

If my student requires emergency care or if immediate action is necessary for their health or  
safety, I authorize Tompkins Cortland Community College staff to take appropriate action,  
including referral or transportation to an outside medical facility. I further understand that once  
my student reaches their 18th birthday, my consent for treatment is no longer required.

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

Parent/Guardian Printed \_\_\_\_\_

Student Name \_\_\_\_\_ D.O.B \_\_\_\_\_