

# Parent or Guardian Consent (Under 18)

New York State law requires the consent of a parent/guardian for medical care (reproductive and sexual health care excluded) of persons under 18 years of age. If your dependent is a student at the University at Buffalo, the information below must be completed before treatment can be provided.

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, who is currently a minor. I authorize UB Health Services to provide medical care to my dependent, including but not limited to diagnostic procedures, medical treatment, and administration of medications deemed appropriate by the Health Services medical staff.

I understand that if an injury/illness is determined to require urgent intervention, an ambulance will be called to take my dependent to a hospital and Health Services staff will make every effort to contact me.

I understand that once my dependent reaches age 18, my consent for treatment is no longer required.

By my signature, I acknowledge that I have read and understand this consent, and that any questions I have prior to signing this can be answered by contacting Health Services at 716-829-3316.

I understand that medical services provided outside of UB's Health Services (i.e. at pharmacies, laboratories, hospitals) are subject to my health insurance's benefit plan including applicable copays and/or deductibles. I understand that there are fees for some services (such as vaccinations or in-house laboratory testing) at Health Services. I understand that I can request reimbursement from my health insurance company for these fees and that reimbursement depends on my health insurance policy's coverage. I agree to be responsible for the payment of any services rendered by Health Services not covered by my dependent's health insurance.

## Permission to Treat Your Child

Your signature below indicates that UB Student Health has permission to treat your child. This includes care and treatment by medical providers at any outside health care facility if deemed necessary by UB Student Health.

Parent/Guardian Signature:

Print Name:

Relationship to Student:

Date:

Student's Name:

Student's Date of Birth:

UB Person #:

## Submit Completed Forms

[Via Mail:](#)

UB Student Health  
4350 Maple Road  
Amherst, NY 14226

[Via Fax:](#)

716-829-2564

[Via Email: student-health@buffalo.edu](mailto:student-health@buffalo.edu)