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 Molloy College the information below must be completed before treatment can be provided.

I, ______________________, am the parent/guardian of ____________________________ ID________, who is currently a minor.

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; any questions I have prior to signing this can be answered by contacting Molloy Health Services at 516-323-3467.

I understand that medical services provided outside of Molloy College’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 I can request reimbursement from my health insurance company for these fees and that reimbursement depends on my health insurance policy’s coverage.

Permission to Treat Your Child

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

________________________  _______________________
Parent/Guardian Signature                  Date

Upload the completed form to the Molloy Health Portal at molloy.studenthealthportal.com in the DOCUMENT UPLOAD tab under Parent/Guardian Consent Form