



AUTHORIZATION FOR MEDICAL CARE OF A MINOR

Parents must complete the following ONLY if their student is under the age of eighteen (18) (minor). **THIS FORM IS NOT REQUIRED IF YOUR STUDENT IS OVER THE AGE OF 18 AT THE TIME OF ENROLLMENT.**

I (we), do hereby authorize Colorado College to provide for the minor of whom I (we) are the undersigned parent(s) or person(s) having legal custody over:

Student Name:

<input type="checkbox"/>	Any routine, elective or urgent (necessary, but non-emergency) medical care or treatment requested by the above named minor and determined by a health care provider at the Boettcher Student Health Center at Colorado College, to be necessary for the health, safety or well-being of such a minor. Prompt medical treatment will prevent interruption of the academic schedule under the Block Plan. I (We) will be notified as soon as possible after the care has been provided.
<input type="checkbox"/>	Only emergency transportation, emergency care or treatment and hospital care to the above named minor. I (We) will be notified as soon as possible after the care has been provided.
<input type="checkbox"/>	Notification to me (us) prior to treatment of any routine, elective or urgent medical care requested by the above named minor. I (We) am (are) aware that notification may delay treatment for several days.

In giving this consent, I understand that attempts will be made to contact me regarding my minor child's medical condition but certain situations may arise where my minor child requires immediate medical or hospital care. In such situations, I recognize that I may not be able to knowledgeably evaluate and choose among the available alternative treatments of procedures, if any, or to evaluate the risks associated with a particular treatment or procedure or the lack of treatment. In such situations, I authorize a health care provider to exercise his/her professional judgment, assess potential risks and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he/she in his/her professional judgment determines to be necessary for the health and safety of my minor child. Transportation to another facility such as a hospital may be necessary to provide other services (x-ray, IV, rehabilitation), but does not always imply the need for emergency care.

Please note: Colorado Law allows minors to seek medical care without parental consent for family planning, treatment of sexually transmitted diseases, and substance abuse counseling.

I have indicated my level(s) of authorization and agree to the conditions listed above, per my typed signature.

Typed name as signature Parent/Legal Guardian 1:	Date:
Typed name as signature Parent/Legal Guardian 2:	Date:

If you have questions about the content of this form, please contact Boettcher Health Center at (719) 389-6384

THIS AUTHORIZATION WILL BE NULL AND VOID ONCE A STUDENT TURNS EIGHTEEN (18) YEARS OF AGE PER COLORADO LAW