

SUNY Oswego
Mary Walker Health Services
40 Rudolph Road, Oswego, NY 13126
Phone #: 315-312-4100 . Fax #: 315-312-5409

Authorization for Treatment: For All Students Under the Age of 18

Student's Name (please print clearly): _____

Student's DOB: _____/_____/_____ Student ID #: _____

Signature of parent/guardian indicates SUNY Oswego Walker Health Center has permission to provide medical care or emergency treatment for your child. This indicates care and treatment by other consultants, if deemed necessary. Other consultants may require additional consents.

Billing Statement: I understand that payment of any charges incurred for my student's medical care is our responsibility regardless of insurance coverage.

Signature of Parent/Guardian

Parent/Guardian Name (please print)

Date: _____/_____/_____

Daytime Phone Number

Home Phone Number (if different)

Address

Consent for Telemedicine Appointments

By signing below, I give permission for medical appointments to be conducted via phone or video using secure application and this consent is valid until student turns 18 or the consent is revoked in writing.

NYS regulations require the student to be physically present in NYS at the time of the telehealth visit.

Signature of Parent/Guardian

Date