



LONG ISLAND UNIVERSITY

MEDICAL CONSENT FORM FOR MINORS

Dear Parent or Legal Guardian:

This Consent Form is **mandatory** for any parent/guardian of an LIU student who is under the age of 18. Students under the age of 18 are considered minors under the laws of New York State. Therefore, if your child needs specific medical treatment, including the administration of medication while he, she or they is registered at LIU, your consent is required before the treatment can be provided.

This Consent will remain valid until your child reaches eighteen (18) years of age.

The purpose of this Consent Form is to obtain permission from the parent or legal guardian for Long Island University to treat a student who is under the age of 18 and therefore legally a minor.

CONSENT:

Long Island University has my permission to treat my child, _____
in the event of medical emergency or medical need. (Name of Student)

Signature:

Name of Parent/Guardian of Minor (print)

Relationship

Signature

Date

Street Address

Home Phone

City, State, Zip Code

Work or Cell Phone

Student ID Number

If you have any questions regarding your health information and/or need assistance please contact:

- LIU Brooklyn:** 718-488-1042 bkln-health@liu.edu
- LIU Post:** 516-299-3477 post-health@liu.edu
- LIU Brentwood:** 631-287-8500 brentwood-info@liu.edu
- LIU Riverhead:** 631-287-8010 riverhead@liu.edu