

Mary Walker Health Center

SUNY Oswego

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

Student's Name (please print clearly):	
Students DOB://	
Signature of parent/guardian indicates SUNY Oswego Walker Health Center has permission to promedical care or emergency treatment for your child. This indicates care and treatment by other consultants, if deemed necessary.	
Signature of Parent/Guardian Date///	Parent/Guardian Name (please print)
Daytime Phone Number	Home Phone Number (if different)
Address	