

Yale University Health Services
Yale Health Plan
17 Hillhouse Avenue
P.O.Box 208237
New Haven, CT 06520-8237
www.yale.edu/uhs

Authorization for Medical Care and Treatment

If Student is under 18 years of age, please complete and return this form to:

ENTERING STUDENT FORMS

Yale Health Plan
Office of Health Promotion and Education
17 Hillhouse Avenue
P.O. Box 208237
New Haven, CT 06520-8237
Fax #: (203) 432-0095

The following written authorization is established in accordance with Section 19-13-D43(b) of the General Statutes (Public Code of the State of Connecticut, 1983), which requires that written authorization for medical care and treatment by the college shall be provided by the parent or other responsible person at the time of admission of the student to the school for those students who are less than 18 years old.

Permission is hereby granted for medical care and treatment, including mental health and counseling, to be provided by Yale University Health Services staff to:

Student's Last Name

First Name

Birth Date

Social Security or Yale ID Number

School

Telephone Number

Signature of Parent or Guardian

Date