Student Health Services

TREATMENT PERMISSION

Permission of Treatment for Students Under 18 Years of Age

****This form must be signed and returned to TC3 Student Health Services by the end of the first full week of classes of the enrolled semester.**

I hereby grant permission for TC3 Student Health Services to provide medical care to _____ as necessary. The student and/or parent/guardian will be financially responsible for any fees incurred as a result of these services. Permission includes immunizations required by New York State Public Health Law and those injections necessary for public health protection, such as appropriate boosters, flu shots, or tuberculosis testing.

_____	_____	_____
Student Name	Date of Birth	Date
_____	_____	_____
Parent/Guardian Name	Signature	Date
_____		
Relationship to Student		

Return Form To:
TC3 Student Health Services Room 118A
170 North Street P.O. Box 139
Dryden, NY 13053

Phone: (607) 844-8222 Ext. 4487
Fax: (607) 844-6533
Email: healthcenter@tc3.edu