



BROWN

Student Health Services  
Box 1928  
Providence, RI 02912  
401-863-3953

To return form, student must login to <http://studenthealthportal.brown.edu/> and upload.

**AUTHORIZATION FOR MEDICAL CARE AND TREATMENT OF A MINOR**

*To be completed by parent / guardian*

**Note: Without a signed authorization by parent/guardian, the departments of student health and wellness cannot treat a minor student.**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Banner ID #: \_\_\_\_\_  
(begins B0)

“I, \_\_\_\_\_, being the parent or legal guardian of

\_\_\_\_\_, hereby specifically designate the departments of Brown University Student Health and Wellness and/or any authorized member of its staff, as the Primary Care Provider (PCP), to examine and treat for all health and medical problems, injuries and emergency treatment that may occur.

I understand that for continuity of care, Brown University Student Health and Wellness would have access to emergency room records and hospital records at local hospitals, if my student were to need those services.

Brown University Student Health and Wellness will keep all medical information confidential as per the privacy policy which I have reviewed on the Student Health Services website at: [healthservices.brown.edu/about/confidentiality-and-privacy](http://healthservices.brown.edu/about/confidentiality-and-privacy) and/or the Counseling & Psychological website at: [caps.brown.edu/](http://caps.brown.edu/).

I understand that this authorization is effective until the minor mentioned above reaches his/her 18<sup>th</sup> birthday.

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

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