

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

To return form, student must login to <a href="https://patientportal.brown.edu">https://patientportal.brown.edu</a> 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 HEALTH AND WELLNESS CANNOT TREAT STUDENT

Student Name	
Date of Birth	
Banner ID # <u>B0</u>	
"I,	, being the parent or legal guardian of
	, hereby specifically designate the departments Wellness and/or any authorized member of its staff, as the Primary Care Provider (PCP), alth and medical problems, injuries and emergency treatment that may occur.
	of care, Brown University Health and Wellness would have access to emergency room local hospitals, if my student were to need those services.
	ellness will keep all medical information confidential as per the privacy policy which I have swebsite at <a href="http://brown.edu/go/privacynotice">http://brown.edu/go/privacynotice</a> or the Counseling & Psychological website <a href="http://brown.edu/go/privacynotice">eatmentapproach</a> .
I understand that this authorize	ation is effective until the minor mentioned above reaches his/her 18 <sup>th</sup> birthday.
Parent/ Guardian Signature	
Address	
	<del></del>
Phone number	<del></del>
Date	