

# Medical Consent Form

This form is required for students under the age of 18. It must be completed in full by student's parent or guardian.

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## Student Information

Last	First	Middle
Student ID#	Birth date	Gender <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other
Address		
Cell phone	Home phone	
FIT Email	Personal Email	

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## Emergency Contact Information

Name	Relationship to student	
Address		
Cell phone	Home phone	Work phone
Email		

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## Health Care Authorization and Release

I give my permission to FIT Health Services to provide medical treatment (diagnostic and therapeutic procedures) as may be deemed necessary for my child as requested, and as needed in the event of an emergency.

Name	Relationship to student	
Cell phone	Home phone	Work phone
Email		
Signature	Date	

**To avoid jeopardizing enrollment, complete this medical consent form and return it to Health Services promptly.**

**Ways to submit the medical consent form:**

- Scan and upload to the FIT Health Portal at [fit.studenthealthportal.com](http://fit.studenthealthportal.com).
- Mail to FIT Health Services at 227 W 27<sup>th</sup> St, Room A402, New York, NY 10001-5992.
  - Fax to 212 217.4191.

**If you have any questions, call Health Services at 212 217.4190.**