



**SPECIAL AUTHORIZATION FOR MINORS**

**Authorization to Provide Medical Treatment**

I authorize Mark H. Reed, M.D., Director of the College Health Service at Dartmouth College, or the staff designated by him, to provide such routine health care including immunization procedures to \_\_\_\_\_, a student at Dartmouth College, as is necessary for the student's health and best interests as well as the best interests of the student body.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Student's Signature)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian, if student is born after 8/15/02)

**Authorization to Treat Minors in Case of Emergency**  
**(Required only for students born after 8/15/02)**

I authorize Mark H. Reed, M.D., Director of the College Health Service at Dartmouth College, or the physician representing him, to act on my behalf in case my child has a major accident, injury or illness when immediate medical or surgical care is needed, provided the Director or his representative makes diligent effort first to notify me of the situation and obtain my preferences. If such efforts to get in touch with me are unsuccessful, I authorize the Director or the person designated to act in his absence to take such action and give such consent on my behalf as his judgment dictates.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian, if student is born after 8/15/02)

Relationship to Student \_\_\_\_\_

*PLEASE NOTE: THIS DOCUMENT WILL EXPIRE ON STUDENTS 18<sup>TH</sup> BIRTHDAY*

**Guarantor Information:**

Guarantor Information is responsible party information. A Guarantor (responsible party) is the person held accountable for the patient's bill. The guarantor is always the patient, unless the patient is a minor or an incapacitated adult.

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Last Name	First Name	Middle Initial
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Mailing Address

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Phone Number	Alternate Phone Number
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