



Health Services Center
1016 Brush Hill Rd, Milton, MA 02186
Ph: 617-333-2182, Fax: 617-333-2029

Consent for Medical Care for Students under the age of 18.

SIGNATURE OF PARENT/GUARDAIN REQUIRED IF A STUDENT IS UNDER 18 YEARS OF AGE AND IS VALID UNTIL AGE 18. I HERBY GRANT PERMISSION TO THE DIRECTOR OF CURRY COLLEGE HEALTH SERVICES OR AUTHORIZED REPRESENTATIVES, TO PROVIDE SUCH MEDICAL CARE AS MY CHILD, _____, MAY REQUIRE WHILE AT CURRY COLLEGE, INCLUDING EXAMINATIONS, DIAGNOSTIC TESTING, TREATMENT OR IMMUNIZATIONS. THIS ALSO INCLUDES REFERRAL TO AN OUTSIDE PROVIDER, LOCAL HOSPITAL, HOSPITALIZATION, ANESTHESIA AND /OR SURGERY SHOULD IT BE NECESSARY IN THE EVENT OF A SERIOUS ILLNESS OR INJURY AND I AM UNABLE TO BE REACHED.

Student Information:

Student Name: _____ Student ID #: @_____

Parent/Guardian Information:

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

***Please feel free to contact the Health Service Center with any questions. 617-333-2182 x 2**

*** Please return this form the HealthServices@curry.edu once signed by a parent/guardian.**