



Dear Parent or Legal Guardian,

Because your student is under the age of 18, your signature is needed to authorize use of The Student Health & Counseling Center for illness or injury. Your signature also verifies that you and your student are aware of our privacy policy. Please sign in the required areas and return this form to the address noted on the bottom.

Authorization for use of The Student Health & Counseling Center: I authorize Dordt University to provide routine health care and treatment for my child while he/she is a Dordt University student.

_____	_____	_____
Student Name (Print)	Student signature	Date (mm/dd/yy)
_____	_____	_____
Parent/Legal Guardian Signature	Relationship to Student	Date (mm/dd/yy)

Privacy Information: Health information is required by Dordt University for the purpose of The Student Health & Counseling Center in providing health care to students. Persons outside of The Student Health & Counseling Center are not routinely provided with this information without the student's knowledge and written consent. If a student's physical or psychological health reaches a threshold where it becomes a health or safety issue for the student or others, The Student Health & Counseling Center has the obligation to inform the appropriate entities of these concerns. (These entities may include, but are not limited to, the Vice President for Administration, Counseling Center staff, and Dean for Campus Life).

Your signature verifies that you have been informed of the above information. (If under 18, parent/legal guardian signature must accompany student signature)

_____	_____	
Student Signature	Date (mm/dd/yy)	
_____	_____	_____
Parent/Legal Guardian Signature	Relationship to Student	Date (mm/dd/yy)