



**Dartmouth College** HANOVER • NEW HAMPSHIRE • 03755

Health Service • Dick Hall's House • TELEPHONE: (603) 646-9400

## **SPECIAL FORMS FOR MINORS**

### **Authorization to Provide Medical Treatment**

I authorize John H. Turco, 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 on or after 9/1/91)

### **Authorization to Treat Minors in Case of Emergency** **(Required only for students born on or after 9/1/91)**

I authorize John H. Turco, 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 stead 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 on or after 9/1/91)

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