



AUTHORIZATION TO TREAT A MINOR

This consent shall remain effective until _____, 20____ (date minor turns 18 y.o.)

I (we) the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any examination, medical or surgical diagnosis and treatment rendered by any member of the Ramapo College of New Jersey, Student Health Services medical staff. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned medical provider in the exercise of his / her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Please note that New Jersey State Law prohibits giving any information or records to a parent regarding a minor’s sexually transmitted disease, termination of pregnancy, or substance abuse. In addition, there are important legally mandated exceptions to confidentiality, which include:

- 1. Child Abuse:** If we have reasonable cause to believe that a child has been subject to abuse, we must report this immediately to the New Jersey Division of Youth and Family Services.
- 2. Adult and Domestic Abuse:** If we reasonably believe that a vulnerable adult is the subject of abuse, neglect, or exploitation, we may report the information to the county adult protective services provider.
- 3. Health Oversight:** If the New Jersey State Boards of Medical Examiners or Nurse Practitioners issue a subpoena, we may be compelled to testify before the Board and produce your relevant records and papers.
- 4. Judicial or Administrative Order.** If a court or an governmental agency validly issues an order compelling the Center or the College to testify regarding the minor’s confidential health information or to produce the minor’s medical records, we will inform you of our receipt of the order in advance, before providing such testimony or records, unless legally prohibited from so informing you.
- 5. Serious Threat to Health or Safety:** If the minor communicates to us a threat of imminent serious physical violence against a readily identifiable victim, him or herself, or the public and we believe the minor intends to carry out that threat, we must take steps to warn and protect. We also must take such steps if we believe the minor intends to carry out such violence, even if they have not made a specific verbal threat. The steps we take to warn and protect may include arranging for the minor to be admitted to a psychiatric unit of a hospital or other health care facility, advising the police of the minor's threat and the identity of the intended victim, and warning the intended victim or his or her parents if the intended victim is under 18.

List any restrictions: _____

Signature of Father, Mother or Legal Guardian: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers Where Parents or Guardian May Be Reached

Father: _____ Home: _____ Work: _____

Mother: _____ Home: _____ Work: _____

Guardian: _____ Home: _____ Work: _____

Family Physician: _____

Address: _____

City: _____ State: _____ Zip: _____



Student Health Services

505 Ramapo Valley Road, Mahwah, NJ 07430-1680

Phone (201) 684-7536

www.ramapo.edu