

Student's Name: _____ M# _____

Authorization to Provide Medical Care Required for students under 18 years of age
(optional for students over 18 years of age)

I hereby authorize the Student Health Center at Mohawk Valley Community College to give medical care to
(Student Name) _____ at their request or to arrange such care as necessary in
the event of emergencies.

X _____ /_____/_____
Signature of Student Date

X _____ /_____/_____
Parent/Guardian Signature - (If student under 18 years of age) Date

Person to Notify in Case of a Medical Emergency (only called in an emergency)

Name: _____ Relation: _____

Address: _____

City _____ State _____ Zip Code _____ Country _____

Phone (_____) _____ (_____) _____ (_____) _____
Day Night Cell

Please submit to:

By Mail: MVCC Health Center, 1101 Sherman Drive, Utica, NY 13501-5394

By Email: Hcenter@mvcc.edu

By Fax: 315-731-5854 (Utica) 315-334-7726 (Rome)

Office Telephone: 315-792-5452

Exemptions

- **Medical and Religious exemptions** are allowed only as stated by NYS Public Health Law 2165.
- **Age exemptions** require proof of date of birth; i.e., a copy of driver's license.
- **Military Service exemptions** are allowed to those veterans who have been honorably discharged from the Military within the past 10 years. You will need to produce a copy of your honorable discharge; and a request to the Military requesting your immunization records. A form letter is available in for you to customize to mail to the Military to request your immunizations. Please see the Health Center in Utica or Student Services in Rome for assistance.