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Students attending Binghamton University are generally considered independent adults, and parental consent for medical care for those under 18 years of age are not routinely required. However, if medical concerns arise during summer, this information is referenced by medical professionals responding to emergencies. Should any of this information change, please notify the EOP Office as soon as possible.

"I, \_\_\_\_\_ pursuant to the authority vested in me as Parent/Guardian of:

Student name: \_\_\_\_\_

B-number: \_\_\_\_\_

Student Date

# EOP EMERGENCY CONTACT AND AUTHORIZATION FOR RELEASE FORM

Student

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Please list any **Special Medical Needs, Religious Observations, or Dietary Restrictions** we should be aware of:

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If applicable, please list **Prescribed Medications**:

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Please list any **allergies to food or medicine or other**:

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## STUDENT CONSENT TO RELEASE INFORMATION

Should the need for medical attention arise, I, \_\_\_\_\_,  
(Student Name)

hereby authorize release of any health information pertinent to my well-being and provision of care and treatment to the appropriate EOP professional staff. Consent regarding services received is for the purpose of ensuring adequate treatment and follow-up care. Health care professionals include, but are not limited to, providers at local hospitals/walk-in clinics, Decker Student Health Services Center, and the University Counseling Center, as well as others with pertinent information regarding my well-being.

\*I understand that authorizing the aforementioned release is voluntary and not a condition for treatment, nor admission to Binghamton University. I have the right to revoke this authorization at any time, in writing, to the Educational Opportunity Program Office at Binghamton University.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(If student is under 18 yrs of age)