

CALVIN COLLEGE HEALTH SERVICES
AUTHORIZATION TO TREAT

I authorize Calvin College Health Services to administer medical services and/or to defer treatment to a local physician or medical facility if deemed necessary. In addition, I consent to Calvin Health Services sending me a copy of my immunization records upon my request while I am a student at Calvin College.

Student: Print Name (first, middle initial, last)

Calvin ID#

Signature

Date

Are you under the age of 18?

Your parent or guardian **MUST** sign below.

Parent/Guardian Signature

Date

Relationship to student

Health Services 160 Hoogenboom Center 3195 Knight Way SE Grand Rapids, MI 49546
Phone: (616) 526-6187 Toll-free: (800) 688-0122 (option 8) Fax: (616) 526-6548
E-mail: health@calvin.edu Web: <http://www.calvin.edu/admin/health/>