

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 releasing to 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

Calvin College Health Services, Immunizations and Insurance, 3200 Knight Way SE, Grand Rapids, MI 49546  
Phone: (616) 526-6568 Toll-free: (800) 688-0122 (option 8) Fax : (616) 526-8818  
E-mail: [health@calvin.edu](mailto:health@calvin.edu) Web: <http://www.calvin.edu/admin/health/>