

U.S. MERCHANT MARINE ACADEMY

OFFICE OF HEALTH SERVICES

PATTEN HALL

300 STEAMBOAT ROAD

KINGS POINT, NY 11024-1699

AUTHORIZATION TO PROVIDE HEALTH SERVICES TO MINORS

If Plebe Candidate will be younger than 18 years of age on **Day 1 of Indoctrination**, this form must be signed and dated by the **Plebe Candidate's parent/legal guardian** and returned **four weeks prior to Day 1 of Indoctrination**. Failure to comply may result in the Plebe Candidate being prohibited from being enrolled in the Academy.

PLEBE CANDIDATE'S FULL NAME:

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

HOME STREET ADDRESS:

CITY, STATE:

ZIP:

HOME TELEPHONE NUMBER:

PLEBE CANDIDATE'S PHONE NUMBER:

I hereby authorize the Chief Medical Officer and/or other medical providers and/or the Senior Dental Officer of the U.S. Merchant Marine Academy to perform required examinations, X-Rays, anesthetic (medical, surgical, or dental), diagnostic and/or treatment services for the above-named Plebe Candidate. These services shall be provided at the Academy's Office of Health Services, Patten Hall. I further authorize health care be provided, as needed, at North Shore University Hospital or by other health care providers as directed by the Academy's Chief Medical Officer and/or Dental Officer.

Signature of Plebe Candidate

Date

Signature of Parent/Legal Guardian for Minors

Date

Print Name

Print Name

Relationship to Plebe Candidate