

**U.S. MERCHANT MARINE ACADEMY**  
**DEPARTMENT 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 Department 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