

# 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

1. ☐ PLEBE CANDIDATE WILL BE YOUNGER THAN 18 YEARS OF AGE ON 27 JUNE 2017
2. ☐ PLEBE CANDIDATE WILL BE 18 YEARS OF AGE BY 27 JUNE 2017 \*\*

**\*\* IF BOX #2 IS CHECKED THIS FORM DOES NOT NEED TO BE SIGNED**

**Important Notice:** *If Box #1 is checked, this form must be signed and dated by the Plebe Candidate's parent/legal guardian and returned no later than **02 June 2017**. 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: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

CELL 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 Senior Dental Officer.*

\_\_\_\_\_  
Signature of Plebe Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian for Minors

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Plebe Candidate