



Harper College

TREATMENT AUTHORIZATION FOR HIGH SCHOOL STUDENTS

This form must be filled out, in *ink*, for any high school student attending Harper College.

Student's Name: _____ Student's Date of Birth: _____

Student is responsible for returning form fully completed to their counselor when applying.

Course(s) and Term(s) (fall/spring) in which student is applying:

I authorize the Harper College designated physician/nurse practitioner, nurse or designee to administer medical treatment, including routine physical examination, acute illness, or minor injury care as required to the above named student.

Parent or Guardian

If any unforeseen condition shall arise calling on the judgment of the physician or his designee, I further request and authorize the physician/nurse practitioner, nurse or designee to do what is advisable, provided an immediate effort is made to contact me.

*Signature: _____ Date: _____
(parent or guardian)

Address: _____
Street Address City, State Zip Code

Home Phone: _____ Bus/Mobile Phone: _____

**Required of any student less than 18 years of age. If student is 18 or older, he/she may sign for themselves. This form must be filled out for any high school student attending Harper, regardless of age.*

For students taking CNA 101 Nursing Assistant Training:

Because Certified Nursing Assistants are required to position, lift, and transfer patients/residents, students must have no known restrictions to do so. Do you have any restrictions to move or lift?

____ Yes ____ No

If yes, you must provide a letter from your physician indicating clearance

Student Signature _____ Date: _____