



Harper College
 Health and Psychological Services
 Phone: (847)925-6268 Fax: (847)925-6053

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 before class begins.

Course in which student is enrolled: _____

I authorize the Harper College Health and Psychological Services 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 to Health and Psychological Services in A364.

Student Signature _____ Date: _____