



STUDENT HEALTH FORM/Under 18 Consent to Treat

Please upload all completed, signed documents to the student health portal at georgian.studenthealthportal.com.
Forms may also be faxed to 732-987-2014

**ALL STUDENTS ARE REQUIRED TO COMPLETE THE STUDENT HEALTH FORM AND SUBMIT IT TO HEALTH SERVICES BEFORE
MAY 15 FOR FALL SEMESTER/EOF Students AND DECEMBER 15 FOR SPRING SEMESTER**
PLEASE PRINT ALL INFORMATION IN INK, except where a signature is required

Last Name _____ First Name _____ M.I. _____

Maiden/Former Name _____ Date of Birth ____/____/____ Gender/Identify As _____

Address : _____
(Permanent Home) Street City/Town State Country Zip

Phone: (HOME) _____ (CELL) _____ (WORK) _____

Email address: _____

Please check boxes which apply to you:

- Campus Resident (living on campus) Commuter (living off campus in relatives or own home)
 Undergraduate Graduate

The semester you will begin attending Georgian Court: Fall Spring Summer Year _____

Previous student at Georgian Court? Yes No If yes, When _____

PERSON TO NOTIFY *IN CASE OF EMERGENCY*

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

STATEMENT OF CONFIDENTIALITY

Health records at the Office of Health Services are confidential and will not be released without written authorization from the student or pursuant to government authorization. Immunization records are not considered confidential.

CONSENT FOR TREATMENT

By signature, I verify that the information on this form is true, and I give permission for such diagnostic, therapeutic and operative procedures as may be deemed necessary for me.

Signature _____ Print Name _____ Date _____

STUDENTS UNDER 18 YEARS OF AGE

I authorize Georgian Court University to administer medical services, immunizations and therapeutic procedures as deemed necessary by duly licensed personnel.

Parent or Guardian's Signature _____ Relationship _____ Date _____