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 **no later than May 30, 2025**. 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