CORNERSTONE UNIVERSITY HEALTH SERVICES

AUTHORIZATION TO TREAT

I authorize Cornerstone University Health Services to administer medical services and/or to defer treatment to a local physician or medical facility if deemed necessary. In addition, I consent to Cornerstone University Health Services sending me a copy of my immunization records upon my request via mail, e-mail or fax, while I am a student at Cornerstone University.

_____ _____

Student: Print Name (first, middle initial, last) Cornerstone ID#

_____ _____

Signature Date

Are you under the age of 18?

Your parent or guardian MUST sign below.

_____ _____

Parent/Guardian Signature Date

_____

Relationship to student

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HEALTH INSURANCE INFORMATION

Attach a copy of the front side of family insurance card here

Attach a copy of the back side of family insurance card here

Front of Card

Back of Card

Health Services 1001 E Beltline Ave NE Grand Rapids, MI 49525
Phone: (616)222-1441 Fax: (616)222-1541
E-mail: health.services@cornerstone.edu Web: https://www.cornerstone.edu/campus-health-services