Policy: **Health Services for Minors on Campus**
Policy Number: **H-2**
Most recent approval date: **Fall 2014**

**Policy Statement**
Finger Lakes Community College employees shall follow established procedures for assisting minors on campus with specific health needs and for handling emergencies that may arise involving minors, in compliance with applicable laws and regulations.

All minors participating in educational activities on the FLCC campus must have a completed emergency contact and treatment form on file at the College’s main campus and/or campus centers. No over-the-counter medications will be dispensed to anyone under 18 years of age. If a minor must take medication while on campus, the minor must comply with college guidelines related to the use of medication on campus.

All minors who enroll for 6 credit hours or more must be in compliance with New York State Public Health Law §§2165 and 2167 requiring proof of immunity to measles, mumps, rubella, and information and recommendations for meningococcal meningitis immunization.

Minors enrolled in the Childcare Center will follow the policies and guidelines as required and/or recommended by the Department of Social Services. This policy does not apply to the minors enrolled in the Childcare Center.

Finger Lakes Community College will abide by state and federal law and College policy with respect to the confidentiality of health care information of minors.

**Reason for Policy**
Finger Lakes Community College frequently hosts programs or offers classes in which minors participate. This policy is intended to promote the safety and health of all members of the College community.

**Applicability of the Policy**
All members of the College community should be familiar with the policy.

**Definitions**
**Minor:** persons age 17 or under who have not graduated from high school and are not matriculated as full-time students at the College.

**Related Documents**
- New York State Public Health Law Sections 2165 and 2167
- FLCC Policy on Health Services Confidentiality
- FLCC Policy on Student Immunizations
- FLCC Policy on Medications on Campus

**Review date/action taken:**
- September 2011: original approval date
- Fall 2013: no revisions
- Fall 2014: no revisions
Procedures: Health Services for Minors on Campus
Responsible for Policy: Student Health Services (Academic Affairs)

Procedures
Emergency Contact and Treatment Permission Form
All Minors must have a completed emergency contact and treatment form on file at the College’s main campus and/or campus centers. Student Health Services will maintain the forms in an easily accessible manner during the time the Minor is on campus.

Medication Administration
1. No over-the-counter medications will be dispensed to anyone less than 18 years of age.

2. All Minors are encouraged to take medication at home prior to coming to campus or after leaving campus. If however, the Minor must take medication while on campus, the Minor should carry only the necessary required dose and the following provisions apply:
   - Minors who are asthmatic and need to use inhalers or puffers will carry them on their person and use as directed. Student Health Services will not assume responsibility for the administration or use of inhalers by anyone.

3. Other prescription medications which may be needed by a Minor should be carried on his or her person and taken as directed. Student Health Services strongly recommends that Minors who are taking analgesics containing narcotics, muscle relaxants or other medications which may alter the Minor’s performance not return to campus until the effects of the medication are known. Under no circumstances is a Minor to share medication with anyone. If the medication requires injection, such as insulin, arrangements will need to be made in advance to accommodate student self-administration and appropriate needle disposal.

4. All Minors who enroll for courses at FLCC, excluding Gemini or exclusively online, must be in compliance with New York State Public Health Law §§ 2165 and 2167 requiring proof of immunity to measles, mumps, rubella, and information and recommendations for meningococcal meningitis immunization.

First Aid, Injury and Emergency Care
1. If a Minor sustains an injury on campus, the FLCC Emergency Preparedness and Response policy will apply:
   - Emergency Medical Procedures:
     Call 911 - Be prepared to provide specific information (location, nature of injury).

Illness Assessment
1. Minors with health complaints will only be seen if a nurse is available in Student Health Services. The nurse will do an assessment and make recommendations based upon the findings.

2. The health assessment information will be provided to the Minor and to the parent/guardian if thought to be necessary by the nurse.

3. If the illness is suspected to be communicable, the Minor will be asked to leave campus until a diagnosis is determined as not communicable or until the illness is no longer communicable.

4. If a Minor is ill on campus, and a nurse is available and determines that the Minor needs to leave campus, parents or guardians will be responsible for collecting the Minor within one hour of notification or as close to that as possible. If a nurse is not available, Campus Safety will be called to assist the Minor.

Childcare Center
Minors enrolled in the Childcare Center will follow the policies and guidelines as required and/or recommended by the Department of Social Services. This policy does not apply to the Minors enrolled in the Childcare Center.
Confidentiality
Health Services will abide by state and federal law and College policy with respect to the confidentiality of health care information of Minors.

Forms/Online Processes
- Authorization for Treatment of a Minor

Appendix
- Authorization for Treatment of a Minor form

Review date/action taken:
- September 2011: original effective date
- December 2013: revised procedures endorsed by College Council
- Fall 2014: no revisions
Authorization for Treatment of a Minor

Student Name:_____________________________________________________________________________________

Date of Birth:___/___/___   FLCC Student I.D. #:__________________

Local Address (while attending (FLCC):________________________________________________________________

Permanent Address:_______________________________________________________________________________

Student’s Home Phone #: ( ___ ) ____-______   Student’s Cell Phone #: ( ____ ) ____-______

Person to Notify in Case of Emergency:____________________________

Relationship to Student:_________________________ Phone #: ( ___ ) ____-______

Insurance Company:________________________________________________________________________________

Policy Number: ___________________________________________ Insurance Co. Phone #: ( ___ ) ____-______

To Student’s Parent or Legal Guardian
If your son, daughter, or ward will be under the age of 18 years while attending Finger Lakes Community College, it is our policy to secure your consent for medical treatment. By signing the form below, you will be giving your consent for any medical evaluation and treatment necessary to ensure the continued health of the student. In the event of a major health problem, whenever possible, specific permission will be obtained from you.

Authorization for Treatment of a Minor
I, ________________________________, being the parent or legal guardian of ______________________________, give my consent to Finger Lakes Community College Student Health Services, the nurse practitioner and other personnel on its medical staff, to administer such care, procedures and treatment that is deemed necessary and in the best interest of the patient. As long as the medical or surgical treatment considered necessary in the situation is in accordance with the generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment, other than those that follow (if none, so state):

_______________________________________________________________________________________________

I understand that this authorization is valid until the time in which the minor cited above reaches his/her 18th birthday.

Signature:________________________________________________ Date: ______________

Address: ____________________________________________________________________________

City: ______________________________________________ State: ______   Zip: ___________

Witness (Print Name): ________________________ Signature: _____________________ _______________

Phone #: ( ___ ) ____-______

RETURN BY MAIL TO: Finger Lakes Community College Student Health Services
3325 Marvin Sands Drive
Canandaigua, NY 14424-8395

Student Health Services contact info: (585) 785-1297 or www.flcc.edu/offices/student_health