



MINOR CONSENT FOR MEDICAL SERVICES

In California, minors are individuals under 18 years of age. California Family Code 6900 et seq. states that unless a specific exception applies, a minor's parent or legal guardian must consent to medical care. The exceptions include reproductive health services, drug and alcohol abuse treatment, outpatient mental health services and sexual assault-related services.

PLEASE PRINT

Minor Student's Name (printed) _____

Student I.D. # _____ Date of Birth: _____

Parent/Guardian Address/State/Zip _____

Phone Number: _____ () Home () Cell () Work

Emergency Contact: _____

Phone Number: _____ Relationship: _____

Known health conditions: _____

Medication or substance allergies: _____

I hereby authorized California State University San Marcos (CSUSM) Student Health & Counseling Services to provide to my minor dependent any diagnostic tests or treatment that is deemed advisable and is to be provided by any medical practitioner of CSUSM Student Health & Counseling Services or any outside physicians or facilities needed. This authorization is given in advance of any specific diagnosis or treatment that may be required. I further authorize any necessary emergency care if I cannot be reached to give direct permission.

Parent/Guardian Name (print) _____

Signature of Parent/Guardian _____

Date _____

FOR STUDENT HEALTH & COUNSELING SERVICES ONLY

Parent/Guardian telephone consent given: [] Yes [] No Date/Time of Consent: _____

Method of Verification of Identity: (Check all that apply)

[] Call at workplace: Phone number: _____

[] Parent/Guardian Identification: _____

[] Gave student's date of birth as: _____

Staff Signature/Title _____

Date/Time _____