



**SAN DIEGO COMMUNITY COLLEGE DISTRICT
STUDENT HEALTH SERVICES**

MINOR'S AUTHORIZATION CONSENT FORM FOR MEDICAL TREATMENT

In cases of illness, injury or life threatening emergencies I, _____
(Parent's full name)
hereby authorize San Diego City, Mesa or Miramar College Student Health Services staff to
assess and treat

(Student's full name)

Permission is also granted to provide referral to outside physician and facility, if deemed
necessary by health care providers.

This permission doesn't cover special elective procedures requiring local anesthesia (suturing,
biopsy, toenail removal). Parent/guardian will be contacted via telephone/ sent consent form
for permission to perform these procedures.

Per State law, parental permission is NOT required in cases of treatment of sexually transmitted
disease and contraception (birth control).

Nominal fees may be charged for laboratory, pharmacy and special procedures deemed
necessary by health care providers at the college Student Health Services. Payment of these fees
will be required at the time services are received.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date _____ Address _____

Parent Name and Emergency contact phone number _____

Minor's Student ID# _____ Date of Birth _____ Age _____

Minor's Health Insurance Company _____ Medical Number _____

Minor's Doctor's Name _____ Phone number (____) _____

Please attach a copy of the medical plan ID card.