

## CONSENT TO TREAT MINOR PATIENT

California law requires the consent of a parent or legal guardian for medical care of persons under eighteen (18) years of age who are not emancipated. If your dependent is not emancipated and is a student at the University of California, Riverside, or attending a program at the University of California, Riverside, the information below must be completed before treatment of your minor can commence.

### Patient Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Student ID No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent or Legal Guardian Information

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Mobile \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Authorization

I, the above named Parent or Legal Guardian, certify that the patient named above is currently a minor for which I am legally responsible.

I further authorize the Student Health Services of the University of California, Riverside, to provide medical care to my legal dependent, including but not limited to, diagnostic examinations and medical treatment.

I understand that once my dependent reaches the age of majority in the State of California, my consent for treatment is no longer required.

I understand that this Consent To Treat A Minor Patient is valid only at the Student Health Services of University of California, Riverside, and is not valid at other facilities, which may require a separate consent of their own.

By my signature, I acknowledge that I have read and understand this Consent to Treat A Minor Patient, and that any questions I have prior to signing can be answered by calling the Student Health Services of University of California, Riverside at (951) 827-3031.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of signatory

\_\_\_\_\_  
Relationship to patient