

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) 827-2731.

Signature of Parent or Legal Guardian

Date

Printed name of signatory

Relationship to patient