



CONSENT TO TREAT MINOR PATIENT

California law requires the consent of a parent/guardian for medical care of persons under 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 can commence.

I _____ am the parent/guardian of
(please print)

_____, date of birth _____
(please print)

who is currently a minor.

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

I understand that once my dependent reaches the age of maturity, my consent for treatment is no longer required.

By my signature, I acknowledge that I have read and understand this consent, and that any questions I have prior to signing this can be answered by calling the Campus Health Center at (951) 827-2731.

Date: _____

PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____ Phone (day) _____

(evening) _____

Name: _____ Phone (day) _____

(evening) _____