

Name: _____ Date: _____

VERIFICATION OF SELF-SUFFICIENT MINOR STATUS
(15 through 17 years of age – California Civil Code 34.6)

For the purpose of obtaining diagnosis or treatment at the Campus Health Center, UC Riverside, or by any physician or dentist associated with the clinic, the undersigned certifies that all three of the following facts are true:

- 1) I am living separate and apart from my parents or legal guardian.

Place of Residence of minor (Number and Street)

City, State and Zip Code

Telephone Number

Place of Residence of Parent or Guardian

Phone

- 2) I am managing my own financial affairs regardless of source of income (so long as it is not derived from a source declared to be a crime by law).

Name and Address of Bank

Name and Address of Employer

Other Source of Financial Support – Explain

- 3) I understand that I will be financially responsible for the charges incurred for my medical or dental treatment and care, and that I may not disaffirm this consent because I am a minor. I am _____ years of age, having been born on the _____ day of _____, _____.
Month Year

Dated: _____

Signed: _____

Witness: _____