CALIFORINA STATE UNIVERSITY, SAN BERNARDINO
STUDENT HEALTH CENTER

5500 UNIVERSITY PARKWAY SAN BERNARDINO, CA 92407
Phone: (909) 537-5241 Fax: (909) 537-7027

Authorization to Consent to Treatment of Minor (Student)

To Be Completed by Parent, Legal Guardian, or Legal Custodian

California Family Code §6910 expressly provides that a parent or legal guardian may authorize an adult or entity into whose custody the minor is entrusted to consent to necessary medical treatment. In the best interest of the minor, California State University, San Bernardino Student Health Center (CSUSB - SHC) seeks such written authorization.

I, the undersigned, am the: ☐Parent ☐ Legal Custodian ☐Guardian _____

(Describe Legal Relationship e.g., mother/father, legal guardian)

of _____, who is a minor enrolled student at CSU San Bernardino.

(First, Middle Initial, Last Name of Minor)

Coyote ID: _____ Date of Birth:_____

Current Medications: _____

Allergies to Medication or Foods: _____

Date of Last Tetanus Booster: _____

Name of Private Physician: _____ Phone: ( ) _____

Insurance Carrier: _____

(CSUSB -SHC does not bill insurance, however, it is helpful information to have if your minor needs to be referred off campus.)

I, (parent, legal custodian or guardian) of the minor listed above, hereby authorize the medical staff of the CSUSB Student Health Center, as my agent consent:

- To any medical examination/diagnostic procedure (including lab and x-ray).
- To the administration of any medical treatment, counseling, and/or minor surgical procedures.
- To the administration of medications and immunizations.
- To any other treatment considered necessary by attending medical personnel licensed under the provisions of the Medical Practice Act whether such diagnosis/treatment is rendered at SHC or a referral to another health facility or designated hospital.
- Understand that this authorization is given in advance of any specific diagnosis or treatment being required but is given to provide authority and power to provide necessary diagnostics and care.
- If there are any changes in the status of legal guardianship/parent status, I understand that it is my responsibility to notify SHC of any such changes.

If you choose not to sign or consent to this form, medical providers will provide stabilization treatment, but nothing further, until you are contacted for consent.

This authorization shall remain effective until the 18th birthday of listed minor.

By typing my full name below I indicate that I have read and understand the above statements, that this shall serve as my electronic signature.

Parent/Legal Custodian/Guardian Name: _____ **Phone:** _____

Parent/Legal Custodian/Guardian Signature: _____

Student Health Center Staff/Witness:_____ **Date:**_____

Parent: Is the mother/father of a person, whether that relationship came to be through birth or through legal means. (In the case of divorced parents, the consent of either parent is sufficient).

Legal Custody (Custodian)/Legal Guardian: Has the right and responsibility to make the decisions relating to the health, education, and welfare of the child/An adult to whom the court has given authority and responsibility to provide care for a child, or to manage the child's assets, and/or both. (Custodian/Legal Guardians must present their letters of custody/guardianship from the Court).