ORANGE COAST COLLEGE STUDENT HEALTH CENTER
AUTHORIZATION FOR TREATMENT OF A MINOR

Student Name: _____ DOB: _____ Student ID: _____

A minor may consent to medical care if they attest to all the following (California Code, Fam. Code § 6922):

☐ I am at least 15 years of age, ***and***

☐ I am living separate and apart from my parents or guardian, ***and***

☐ I am managing my own financial affairs.

I _____attest to the above to receive medical care _____.
Student Name (print) Student Signature

I understand this authorization is valid for one year from _____.
Today's Date

PARENT/GUARDIAN AUTHORIZATION FOR TREATMENT OF A MINOR

I _____ parent or legal guardian of _____
Parent/Guardian Name Student Name (Print)

who is _____ years old, hereby authorizes the medical staff of Orange Coast College Student Health Center, as agents for the undersigned to consent to any diagnostic procedure, the provision of medical treatment and health services, including referral to community emergency and treatment services as deemed advisable by the Orange Coast College Student Health Center medical staff in accordance with accepted standards of nursing and medical practice. I impose no specific limitations or prohibitions regarding treatment. This authorization is given in advance of any specific diagnosis, treatment, or medical care being required, and pursuant to the provisions of Section 25.8 of the California Civil Code. I understand this authorization is valid for one year.

_____ _____
Parent/Legal Guardian Signature Date

(Please attach a copy of a photo ID of the parent/legal guardian with matching signature. **)**

Address _____ Phone _____

Alternate Emergency Contact Name _____ Phone _____

Minor's Medically Relevant Information

Allergies (medication, food, insect bites, latex) _____

Medical Conditions (hospitalizations, health concerns) _____

Current Medications _____

Health Insurance (MediCal, VA, Uninsured) _____