



# SANTA ROSA JUNIOR COLLEGE

# STUDENT HEALTH SERVICES

## MEDICAL CONSENT FOR TREATMENT OF A MINOR

This form is designed to permit the Santa Rosa Junior College – Student Health Services to evaluate and treat your child until she or he reaches the age of 18 unless sooner revoked in writing. It allows our office to provide the following services at each visit without requesting verbal or written consent from you:

1. Routine student health care. (For problems such as colds, minor injuries and illnesses, cuts requiring tetanus immunization, etc.)
2. Emergency care, first aid, and referral to local health facilities should an emergency situation arise while your child is on the SRJC campuses.

If you have any questions regarding this form, you are welcome to call the Student Health Services office at (707) 527 – 4445 and talk to one of our Nurse Practitioners on duty.

Student's Name \_\_\_\_\_

Social Security \_\_\_\_\_

Date of Birth \_\_\_\_\_

(I) (We), the undersigned parent(s)/guardian(s) to \_\_\_\_\_, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical evaluation, diagnosis or treatment that may be rendered to said minor child under the general or special supervision of physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered at Santa Rosa Junior College – Student Health Services or at a licensed hospital, clinic, or doctor's office.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the staff of the SRJC Student Health Services in the exercise of their best judgment may deem advisable.

It is understood that in case of an emergency, reasonable efforts shall be made to contact the undersigned prior to rendering treatment to the patient, and that any of the above treatment will not be withheld if the undersigned cannot be reached.

This consent is given pursuant to the provisions of Section 25.8 of the California Civil Code.

---

\_\_\_\_\_  
Signature Parent or Legal Guardian (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Telephone where Parent/Legal Guardian can be reached:

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
(please print)