



**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) \_\_\_\_\_