Channel Islands
CALIFORNIA STATE UNIVERSITY
DIVISION OF STUDENT AFFAIRS
Housing and Residential Education

Consent for Medical Treatment of Minor
Students Under 18 Years of Age

_____ _____ _____/_____/20____
Student's Full Name Student ID # Student's Birth Date

The undersigned parent or legal guardian of _____, who is _____ years old, hereby authorizes the staff of CSU Channel Islands, as agents for the undersigned, to consent to the administration of any medical treatments, immunizations, diagnostic procedures, including x-rays, or to any hospital care when any or all of the foregoing is/are deemed advisable and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practices Act.

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.

_____ _____
Parent/Legal Guardian's Signature Date

_____
Street Address City State ZIP Code

_____ _____
Mother/Guardian Name Phone Number

_____ _____
Father/Guardian Name Phone Number

_____ _____
Student's Physician Phone Number

List allergies to medications or foods: _____

_____

List any regular medication or pertinent health history: _____

_____

_____