

Student Health & Wellness Center

**MINOR CONSENT FORM**

**AUTHORIZATION FOR THIRD PARTY TO CONSENT TO TREATMENT OF MINOR LACKING CAPACITY TO CONSENT**

I (We) the undersigned parent(s), person(s) having legal custody, or legal guardian(s) of

\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_STUDENT ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Minor)

a minor, do hereby authorize the **Whittier** **College Student Health & Wellness Center Physicians or Designated Associates**, as agent for the undersigned to consent to any medical treatment which is deemed advisable by, and is to be rendered under the general special supervision of, any Student Health & Wellness Center clinician.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but given to provide authority to aforesaid agent to give specific consent to any and all such diagnosis and treatment with a Student Health & Wellness Center clinician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California

I (We) hereby authorize Student Health & Wellness Center to surrender physical custody of the minor to the above named agent following treatment given pursuant to the provisions of Section 6910 of the Family Code of California. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California. This authorization is given pursuant to section 1283 of the Health and Safety Code of California.

This authorization shall remain effect until\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_, unless sooner revoked in writing and delivered to Student Health & Wellness Center.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

(Check one) Parent Legal Guardian Person having Legal Custody □ Verbal consent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Relationship to Minor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness

Return Completed Form to: **Whittier College, Student Health & Wellness Center, 13612 Philadelphia St. Whittier, CA 90606**

**Phone: (562) 464-4548 Fax: (562) 464-4511**