



Authorization to Consent to Treatment of Minor
To Be Completed by Parent, Legal Guardian, or Legal Custodian

- Indicate your relationship to minor by checking appropriate option (e.g., Parent, Legal Custodian, or Legal Guardian).
➤ Clearly state your legal relationship to minor (e.g., mother/father, legal guardian).
➤ Print full name of minor (first, middle initial, last name).
➤ Provide minor's date of birth in the format (MM/DD/YYYY).
➤ Enter minor's Bronco Identification Number (BID).
➤ Print your name, date the form, and provide a phone number.
➤ Sign the form

California Family Code §6910 expressly provides that a parent or legal guardian may authorize an adult or entity into whose custody the minor is entrusted to consent to necessary medical treatment. In the best interest of the minor, California State Polytechnic University – Pomona, Student Health Services (SHS) seeks such written authorization.

I, the undersigned, am the: [ ] Parent [ ] Legal Custodian [ ] Guardian \_\_\_\_\_
(Describe Legal Relationship)

of \_\_\_\_\_, who is a minor and an enrolled student at CSU Pomona.
(First, Middle Initial, Last Name of Minor)

I hereby authorize California State University, Pomona SHS attending medical personnel, as an agent(s) for the undersigned:

- To consent to any medical examination/diagnostic procedure (including lab and x-ray),
• To the administration of any medical treatment, counseling, and/or minor surgical procedures,
• To the administration of medications and immunizations,
• To any other treatment considered necessary by attending medical personnel licensed under the provisions of the Medical Practice Act whether such diagnosis/treatment is rendered at SHS or a referral to another health facility or designated hospital.
• Understand that this authorization is given in advance of any specific diagnosis or treatment being required but is given to provide authority and power to provide necessary diagnostics and care.
• If there are any changes in the status of legal guardianship/parent status, I understand that it is my responsibility to notify SHS of any such changes.
• If you choose not to sign or consent to this form, medical providers will provide stabilization treatment, but nothing further, until you are contacted for consent.

This authorization shall remain effective until the 18th birthday of listed minor.

Bronco ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Custodian/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_
(Print Name)

Parent/Legal Custodian/Guardian Signature: \_\_\_\_\_

Parent: Is the mother/father of a person, whether that relationship came to be through birth or through legal means. (In the case of divorced parents, the consent of either parent is sufficient).

Legal Custody (Custodian)/Legal Guardian: Has the right and responsibility to make the decisions relating to the health, education, and welfare of the child / An adult to whom the court has given authority and responsibility to provide care for a child, or to manage the child's assets, and/or both. (Custodian/Legal Guardians must present their letters of custody/guardianship from the Court).