

Long Beach City College Student Health Services

PERMISSION TO TREAT A MINOR / EMERGENCY INFORMATION FORM

I (parent/legal guardian) grant permission and authorize the administration of all diagnostic and therapeutic treatments that may be considered advisable or necessary in the judgment of the physician/nurse practitioner/nurse/counselor at Long Beach City College Student Health Services.

Student's Printed Name

Student's ID Number

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian Date

*A copy of a valid driver's license or ID must accompany this form.

Address: _____
 Street City Zip Code

EMERGENCY INFORMATION:

In case of emergency please contact either of the individuals listed below:

Name Relationship

Phone: Home _____ Work _____ Cell _____

Name Relationship

Phone: Home _____ Work _____ Cell _____

ALLERGIES: _____

Serious Medical Conditions (i.e. Diabetes, Epilepsy) _____

Medications: _____

This consent is valid until the minor mentioned above reaches his/her 18th birthday.

All medical information and records are subject to guidelines of the Health Insurance Portability and Accountability Act (HIPAA).