



Columbia College Health Service
Consent for Treatment of Minors for
Medical and Personal Counseling Services

Any registered students under the age of 18 will be required to have a parental/guardian form signed before receiving any medical treatment or personal counseling services, except in emergencies or cases exempt by state law.

Signed consent will be retained in the Health Services office. Unless revoked by the parent/guardian, this consent will remain in effect while the student remains enrolled up to age 18.

The undersigned (parent/guardian) of _____
 (Name of Student)

hereby authorizes medical treatment or personal counseling services by the staff of Columbia College Health Services as needed.

Birth date of student _____ Age _____

This authorization is given in advance of any specific diagnosis, treatment of medical care being required or pursuant to the provisions of Family Code Section 6910-6911 / Section 25.8 of the California Civil Code.

 Parent/Guardian Name (Print)

 Signature (in ink)

 Date

Student Information: **All areas must be completed**

 Address/City/Zip

 Home Phone

 Cell Phone

 Emergency Contact/Phone #

 Relationship

 Medical Conditions

 Allergies

 Medical Insurance

 Physician/Provider

Mail or fax to:

Columbia College
Admissions & Records Office
11600 Columbia College Drive, Sonora, CA 95370
Fax (209) 588-5337 • Questions? Call (209) 588-5231

In case of a life threatening emergency, Emergency Response Services will be activated.