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).
5-18-07