Treatment of a Minor
3rd Party Consent

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 & Wellness Services (SHWS) seeks such written authorization. The undersigned certifies the following facts are true.

Pursuant to Family Code §6910, I am the:

☐ Parent ☐ Legal Custodian ☐ Guardian _____
(Describe Legal Relationship)

of _____ a minor.
(First Name, Last Name of Minor)

Date of Birth Minor: _____ Bronco ID: _____

I hereby authorize California State University, Pomona SHWS Staff to provide medical treatment including medical or surgical diagnosis, x-ray examination, anesthesia, hospital care, mental health treatment or counseling that is deemed advisable, and is to be provided by any clinicians licensed under the provisions of the Medical Practice Act whether such diagnosis or treatment is rendered at SHWS or designated hospital. The administration of immunizing vaccines is also authorized.

- It is understood 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 SHWS 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.

Duration of this Consent:

☐ Authorization will remain in effect until the 18th birthday of listed minor
☐ This visit only

Parent, Guardian or Legal Custodian:(Print name)_____ Phone #_____ Date: _____

Authorization given by: (Signature) _____ Relationship: _____

In Absence of Completed Consent Form, SHWS Staff May Obtain Consent Via Telephone

Obtained Verbal Consent via Telephone: ☐ Yes ☐ No Date of Consent:_____

Verbal Consent To Treat Above-Named Minor Given By: (Print Name): _____

Authorization Given By: ☐ Parent ☐ Legal Custodian ☐ Guardian _____
(Describe Legal Relationship)

Method of Verification of Identity: (Complete all that apply)

Call to: ☐ Home ☐ Work ☐ Mobile Phone Number: _____

_____
SHWS Staff (Print) Signature Date

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