Consent to Treatment of a Minor

Authorization for Consent to Treatment of a Minor

If your student will be a minor (under the age of 18) when s/he enrolls at HMC this fall, please complete this form.

Whenever possible, health care providers will attempt to contact the parent of a minor prior to providing emergency treatment. However, the Division of Student Affairs staff will share this form with them when you cannot be reached in the case of an emergency.

If you choose not to sign this form, emergency medical providers will provide stabilization treatment – but nothing further – until you are contacted for consent.

I/We, the undersigned parent/s of _____, a minor, do hereby authorize medical treatment including x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act.

_____

Signature of Parent of Legal Guardian Date

Address: _____

_____

_____

Telephone: _____ (Home)

_____ (Work)

_____ (Cell)

Please return by **July 1, 2017** to the

Division of Student Affairs office
301 Platt Boulevard
Claremont, CA 91711

Or attach to an email to:

Evetth Gonzalez, Assistant Dean for Campus Life at evgonzalez@hmc.edu