

COMPLETE AND RETURN TO:

**Sonoma State University
Student Health Center
1801 E. Cotati Ave.
Rohnert Park, CA 94928
FAX (707) 664-2925**

Authorization to Consent for Medical Treatment of Minors

I, the undersigned parent/guardian of _____,
(DOB _____ who is below the age of 18, and is or will soon be enrolled at Sonoma State University
authorize the medical staff of the SSU Student Health Center and/or other appropriate University personnel
acting under the administrative authority of Sonoma State University, to act as my agent(s) to consent to any
medical diagnostic procedure, to the administration of any medical or surgical treatment, or to any hospital
care needed by the above named individual when any or all of the foregoing is deemed advisable by and is to
be rendered under the general supervision of any physician/surgeon licensed in California under the
provisions of the Medical Practice Act.

I realize that the above minor must be a *regularly enrolled student** at SSU to be eligible to receive services
at the Student Health Center. I realize that such services are rendered either free or at very low cost to
regularly enrolled SSU students.

I understand that available services are limited to the scope and hours of operation of the SSU Student Health
Center. I understand that an individual may be referred to off campus medical providers: if he/she is not a
current regularly enrolled student of SSU if the medical services needed are beyond the scope or hours of
operation of the Student Health Center, or at the individual's request. I realize that individuals/families must
make their own financial arrangements for off-campus health care.

**A regularly enrolled SSU student is selected through the regular University application and admissions process (and
typically is responsible for paying regular University Registration Fees including the Student Health Fee.*

Signed:

Name of Parent or Legal Guardian (PLEASE PRINT)

Signature--Parent or Legal Guardian **Date**

Street Address: _____

City / State / zip: _____

Phone: Home: () work: ()