

Student Health Services

5500 Campanile Drive
San Diego, CA 92182-4701
TEL: 619-594-4325
FAX: 619-594-3638
<http://shs.sdsu.edu>

PARENTAL CONSENT TO MEDICAL TREATMENT FOR A MINOR

Student's Name (printed) and Date of Birth

Red ID Number

I hereby authorize San Diego State University Student Health Services (SDSU SHS) to provide to my minor (less than 18 years of age) student any diagnostic tests or treatment that is deemed advisable, and is to be provided by any medical practitioner of SDSU Student Health Services or any outside physicians or facilities as needed. This authorization is given in advance of any specific diagnosis or treatment that may be required.

Parent/Guardian Name & Relationship (Print)

Parent/Guardian Phone Number

Parent/Guardian Signature

Date

Please note: in accordance with California law, there are certain services for which a student may consent without parent or guardian involvement. This includes services related to sexual and reproductive health, mental health, and drug and alcohol treatment.