



SAN DIEGO STATE UNIVERSITY

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) son or daughter any diagnostic tests or treatment that is deemed advisable, and is to be provided by any medical practitioner of SDSU Student Health Services (including Medical, Optometry and Dental Clinics) 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 (Print)

Parent/Guardian Phone Number

Parent/Guardian (Signature)

Date

STUDENT HEALTH SERVICES USE ONLY - TELEPHONE CONSENT FOR THE ABOVE-NAMED MINOR GIVEN BY:

Name/Relationship to minor

Phone Number

Witness (SHS Staff Member)

Date/Time