

# Whittier College

## Student Health & Wellness Services

## MINOR CONSENT FORM

Return Completed Form to: **Whittier College, Student Health Center, 13612 East Philadelphia St. Whittier, CA 90608**

## AUTHORIZATION FOR THIRD PARTY TO CONSENT TO TREATMENT OF MINOR LACKING CAPACITY TO CONSENT

I (We) the undersigned parent(s), person(s) having legal custody, or legal guardian(s) of

\_\_\_\_\_  
(Name of Minor)

a minor, do hereby authorize the Whittier **College Student Health Center Physicians or Designated Associates**, as agent for the undersigned to consent to any medical treatment which is deemed advisable by, and is to be rendered under the general special supervision of, any Student Health Service clinician.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but given to provide authority to aforesaid agent to give specific consent to any and all such diagnosis and treatment which a Student Health Center clinician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California

I (We) hereby authorize Student Health Services to surrender physical custody of the minor to the above named agent following treatment given pursuant to the provisions of Section 6910 of the Family Code of California. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California. This authorization is given pursuant to section 1283 of the Health and Safety Code of California.

This authorization shall remain effect until \_\_\_\_\_, 20\_\_\_\_, unless sooner revoked in writing and delivered to Student Health Services.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(check one) ☐ Parent ☐ Legal Guardian ☐ Person having Legal Custody

Address \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

Date: \_\_\_\_\_