

## **DIVISION OF ADMINISTRATION & FINANCE**

RISK MANAGEMENT WH-B 470C

PHONE: (310) 243-3867 FAX: (310) 243-3869

## **CONSENT FOR MEDICAL TREATMENT OF MINOR STUDENTS UNDER 18 YEARS OF AGE**

Student's Full Name	Student ID#	Student's	Birth Date	
The undersigned parent or legal guardian ofthe staff of CSU Dominguez Hills, as agents for the untreatments, immunizations, diagnostic procedures, in foregoing is/are deemed advisable and is to be rendelicensed under the provisions of the Medical Practice diagnosis, treatment or medical care being required a Code.	ndersigned, to consent to ncluding x-rays, or to any ered under the general s es Act. This authorization	o the administration of a y hospital care when any supervision of any physic n is given in advance of a	any medical y or all of the cian and surgeon any specific	
Parent/Legal Guardian's Signature			Date	
Street Address	City	State	ZIP Code	
Mother/Guardian Name		Phone Number		
Father/Guardian Name		Phone Number		
Student's Physician		Phone Number		
List allergies to medications or foods:				
List any regular medication or pertinent health histor	ry:			