

PERMISSION TO TREAT A MINOR EMERGENCY CONTACT INFORMATION

Riverside City College Student Health Services is a medical office on campus providing first aid, emergency treatment, medical, and psychological services to all enrolled students. We are an open campus of adult learning; welcoming students of all ages. However, this is different than High School or routine Pediatrician visits.

California State Law requires that if a student seeking medical care is under 18 years of age ('minor'), Student Health Services and our providers must obtain signed consent from the individual **LEGALLY** responsible for the 'minor' student's medical care and decision making. This is referred to as **'Permission to Treat a Minor'**. The information contained is kept confidentially on record within Student Health Services' medical record system only, not shared outside of our office to other campus departments or administrative offices, and will be referenced at each visit and/or request for medical care.

We ask that you please review the **REQUIRED** documents needed and complete the information that follows. Missing or incomplete information may delay medical treatment.

Required Documents Needed:

- Valid Photo ID (drivers license, passport) with signature. This **MUST** be of the individual (parent or guardian) that is legally responsible for medical care and decision making.
- **FULLY** completed Permission to Treat and Emergency Information form (included). This **MUST** be signed by the parent or guardian that is legally responsible for medical care and **MATCH** the photo ID.

Special Circumstance: Where **LAST** name of legally responsible individual does not match **LAST** name of 'minor' student (i.e. Legal Guardianship, International Student, Foster Care); or individual signing is someone other than 'parent'.

- Other documents (birth/marriage/divorce certificate, court document, attorney letter) indicating name change and/or stating legal responsibility for medical care and decision making may be requested in addition to photo ID.

Please complete the enclosed Permission to Treat a Minor and Emergency Contact Information form and return along with the photo ID of parent or legal guardian, and any additional and supporting documents to RCC Student Health Services.

You may contact Riverside City College Student Health Services if you have any questions.

(951) 222-8151.

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I, _____ grant permission and authorize the
(parent/legal guardian)
administration of all diagnostic and therapeutic treatments that may be considered
advisable or necessary in the judgment of the Physician/Nurse Practitioner/Registered
Nurse/Counselor at Riverside City College Student Health Services.

Student Printed Name

Student ID Number

Printed Name of Parent/Legal Guardian

Relationship

Signature of Parent/Legal Guardian
(MUST match photo ID)

Date

EMERGENCY INFORMATION:

In the case of an emergency, Student Health Services and/or RCC Campus officials
may call 911 as medically indicated. Please let us know whom is designated as an
emergency contact for notification purposes:

Name of Emergency Contact

Relationship

Street Address

City

Zip

Home Phone

Cell Phone

Work Cell

MEDICAL INFORMATION:

Allergies: _____

Serious Medical Conditions (i.e. Diabetes, Epilepsy): _____

Medications: _____

All medical information and records are subject to guidelines of the Health Insurance
Portability and Accountability Act (HIPAA).