## **Long Beach City College Student Health Services**

## PERMISSION TO TREAT A MINOR / EMERGENCY INFORMATION FORM

I (parent/legal guardian) grant permission and authorize the administration of all diagnostic and therapeutic treatments that may be considered advisable or necessary in the judgment of the physician/nurse practitioner/nurse/counselor at Long Beach City College Student Health Services. Student's Printed Name Student's ID Number Printed Name of Parent or Legal Guardian Signature of Parent or Legal Guardian Date \*A copy of a valid driver's license or ID must accompany this form. Address: \_\_\_\_\_ Zip Code Street City **EMERGENCY INFORMATION:** In case of emergency please contact either of the individuals listed below: Name Relationship Phone: Home \_\_\_\_\_ Work Cell Name Relationship Work \_\_\_\_\_ Cell \_\_\_\_ Phone: Home \_\_\_\_\_ ALLERGIES: Serious Medical Conditions (i.e. Diabetes, Epilepsy) Medications:

This consent is valid until the minor mentioned above reaches his/her 18<sup>th</sup> birthday. All medical information and records are subject to guidelines of the Health Insurance Portability and Accountability Act (HIPAA).