



Campus Health & Wellbeing
One Grand Ave.
San Luis Obispo, CA 93407-0210
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(805) 756-1211 Fax: (805) 756-5298

Authorization to Consent to Medical* Treatment of Minor

I, the undersigned, am the parent/legal guardian of
_____, who is a minor and an
(name of student)

enrolled student of California Polytechnic State University, San Luis Obispo.

I hereby authorize Cal Poly Campus Health & Wellbeing's attending medical personnel, as an agent(s) for the undersigned:

- to consent to any examination/diagnostic procedure (including lab and x-rays),
- to the administration of any medical treatment, and/or minor surgical procedures,
- to the administration of medications and immunizations,
- to refer to another health facility

when any or all of the above is deemed advisable.

This authorization shall remain effective until the student's 18th birthday.

Student ID # _____ Date of Birth: _____

Parent/Legal Guardian's Name (*please print*) Parent/Legal Guardian Signature

Date: _____

Mailing Address: _____

Home Phone: _____ Cellular Phone: _____

*** This consent does not apply to psychological treatment.**