Student Health Center
1801 East Cotati Avenue
Rohnert Park, California 94928
707.664.2921
Fax 707.664.2925

**COMPLETE AND RETURN TO:**
**Sonoma State University Student Health Center**
**1801 E. Cotati Ave.**
**Rohnert Park, CA 94928**
**FAX (707) 664-2925**

# Authorization to Consent for Medical Treatment of Minors

I, the undersigned parent/guardian of_____(DOB_____). During the time period that this individual is enrolled at Sonoma State University (SSU) and is under the age of 18, I authorize the medical staff of the SSU Student Health Center and/or other appropriate University personnel acting under the administrative authority of Sonoma State University, to act as my agent(s) to consent to any medical diagnostic procedure, to the administration of any medical or surgical treatment, or to any hospital care needed by the above named individual when any or all of the foregoing is deemed advisable by and is to be rendered under the general supervision of any physician/surgeon licensed in California under the provisions of the Medical Practice Act.

I realize that the above individual must be a *regularly enrolled student** at SSU to be eligible to receive services at the SSU Student Health Center. I realize that such services are rendered either without charge or at very low cost to regularly enrolled SSU students as described at http://health.sonoma.edu

I understand that available services are limited to the scope and hours of operation of the SSU Student Health Center. I understand that an individual may be referred to off campus medical providers if the individual is not a current regularly enrolled student of SSU, if the medical services needed are beyond the scope, expertise, or hours of operation of the Student Health Center, or at the individual's request. I realize that individuals/families must make their own arrangements for addressing their financial responsibility for health care provided by an off-campus entity.

**A regularly enrolled SSU student is selected through the regular University application and admissions process (and typically is responsible for paying regular University Registration Fees including the per semester Student Health Fees.*

Signed: _____
PRINTED Name of Parent or Legal Guardian

_____
**Signature--Parent or Legal Guardian** Date

Street Address:_____

City / State / zip:_____

Phone: _____ E-mail: _____