

## Dominican University of California Student Health Center

### For students under 18 when starting Dominican only

#### *AUTHORIZATION AND CONSENT FOR SCHOOL RELATED MEDICAL CARE OF A MINOR*

Please read and complete this form. The information you provide is for the use of the Student Health Center in connection with certain routine care provided to the minor student while they are a student at Dominican University of California. This information is confidential.

Student Last Name	First Name	M.I.	Semester/year of enrollment	Date of Birth
Local Address (Street) or Dorm Room	City	State	Zip Code	Phone Number

1. I (we), the undersigned, am (are) the parent(s)/person having legal custody/legal guardianship of \_\_\_\_\_, a minor (the student), who is enrolled at Dominican University.
2. I (we) understand that the student may seek routine health care while a student at Dominican University of California. Such care may include diagnosis and treatment by a nurse practitioner, physician or student health center staff of Dominican University of California.
3. I (we) consent to and authorize the providing of routine health care services to the student, subject to the terms set forth in this Authorization and Consent form.
4. I (we) consent to and authorize the student to be evaluated, examined, and treated by the Student Health Center Staff at Dominican University of California for the following chief complaint:  
 \_\_\_\_\_  
 \_\_\_\_\_
5. I (we) understand that the health care services provided to the student through the Student Health Center will be provided at Dominican University of California, 50 Acacia Ave., San Rafael, CA 94901.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Indicate Relationship: \_\_\_\_\_

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### FOR OFFICE USE ONLY:

Date Rec'd: _____	Resident: ____ Yes ____ No
Med Hx ____ Yes ____ No	Varicella: ____ Yes ____ No ____ Waived
MMR 1 ____ Yes ____ No	Meningitis: ____ Yes ____ No ____ Waived
MMR 2 ____ Yes ____ No	Varicella Titers: _____
MMRT ____ Yes	
Tdap ____ Yes ____ No	
TB ____ Yes ____ No	
Sig Hx ____ P ____	

Incomplete – Hold Placed: \_\_\_\_\_

Notes: \_\_\_\_\_