Agreement to Treat Form
Minor Consent for Parent or Guardian

MEDICAL CARE AUTHORIZATION I, the undersigned, hereby specifically authorize The Claremont Colleges Services Student Health Services health care provider or whomever they may designate to administer any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, in serious or major illnesses or injuries without prior notification of the undersigned or any other person and without obtaining consent of the undersigned or any other person, if in the judgment of the physician or designee it is necessary for health care reasons to proceed with the treatment without delay. I further agree that the attending health care provider or whomever they may designate may evaluate and treat all other injuries or illnesses for which help is sought and to administer immunizations as needed. In the case of a minor student, (under the age of 18), this treatment may proceed without prior notification of the undersigned parent or guardian. I further agree that the Student Health Services may release any medical information to other campus health care providers at Monsour Counseling and Psychological Services who may be providing care.

Student Name: _____ Student DOB: _____

Student's College: _____

Student CWID #: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Home/Personal Telephone: _____

Work Telephone: _____

Date: _____

Please return this document directly to SHS by uploading directly to your Student Health Portal