

MODESTO JUNIOR COLLEGE CONSENT FOR TREATMENT OF MINORS

Any registered students under the age of 18 will be required to have a parental/guardian consent form signed before receiving any medical treatment, including dental service, except in emergencies or cases exempt by state law.

Signed consent will be retained in the College's Health Services Office.

I hereby authorize and give consent for my son or daughter to receive medical treatment, including dental service, as needed. This authorization is given in advance of any specific diagnosis, treatment or medical care being requirement or pursuant to the provisions of Family Code Section 6910-6911.

Please indicate which term and year your son or daughter is attending:

- Summer, Year _____
- Fall, Year _____
- Spring, Year _____

Student's Last Name _____

Student's First Name _____

Student's Date of Birth _____

Parent/Guardian Last Name _____

Parent/Guardian First Name _____

Parent/Guardian Address _____

Parent/Guardian Phone Number _____

*Select  above to add your signature

Signature _____ **Date** _____
Parent/Guardian

*Select  above to add your signature

Signature _____ **Date** _____
Student