

Parent/Guardian Authorization Form for Minors

This authorization will permit your minor child to use the services provided at the Las Positas College Student Health and Wellness Center.

Note* The Student Health and Wellness Center providers are bound by confidentiality even though they are treating minors*

I hereby authorize my minor child to receive medical care & services at the Las Positas College Student Health & Wellness Center.

PRINT

Student Name _____ **Date of Birth** _____

As the parent/guardian, do you know of any medical problems we should be aware of for this student? (Heart disease, mental disorder, allergy to medications, etc.)

PRINT

Parent/Guardian Name _____

Home Address _____

Mailing Address _____

Home Telephone # (____) ____ - _____

Work # (____) ____ - _____

Please Note:

- **This declaration does not affect the right of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor**
- **A person who relies on this affidavit has no obligation to make any further inquiry or investigation.**
- **This affidavit is not valid for more than one year after the date on which it is executed.**