

THIS FORM ONLY APPLIES TO APPLICANTS UNDER THE AGE OF 18 AND ENROLLED IN K - 12TH GRADES.

** Failure to submit this form will result in a delay of your admission and registration process. **

Authorization and Consent for Treatment of a Minor

Name: _____ Student I.D. _____

Emergency Contact Information (required)

The following information must be completed for students under the age of 18 who plan to attend Glendale Community College.

Name of Parent or Guardian

Relationship _____

Telephone numbers:

Home _____

Work _____

Cell _____

Name of Parent or Guardian

Relationship _____

Telephone numbers:

Home _____

Work _____

Cell _____

Consent to Treat

If your daughter/son is injured or ill on campus, the Health Center cannot provide most treatments without the following consent. Consent is not required, but highly recommended.

As the parent/guardian of _____, I give permission for the utilization of the health services provided by the Glendale Community College Health Center. I understand these services may include: first aid, health assessment, health education, physical/mental health counseling, physician appointments, over-the-counter and selected emergency medications. I understand that licensed health providers/state approved health care providers provide all services.

Signature of Parent or Guardian _____

Name of student _____

Student's date of birth _____

Today's date _____

Telephone contact (if different from above) _____