

**Health Services  
Consent For Treatment Of Minor Student**

Circle one: Spring Summer Fall                      Year: \_\_\_\_\_

Palomar I.D. Number: \_\_\_\_\_

Student's SSN: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

PRINT Name of Minor Student:

\_\_\_\_\_

Last    First    M.I.

I give my permission for emergency first aid and treatment for my minor child/legal ward.

I also give my permission for him/her to be treated by a nurse and/or physician.

Signature of Parent/Guardian:

\_\_\_\_\_

Date

PRINT Name of Parent/Guardian:

\_\_\_\_\_

Last    First    M.I.

Telephone number to call in case of emergency: \_\_\_\_\_

Is your child currently covered by a health insurance provider?

YES                       NO

If yes, print name of provider: \_\_\_\_\_

Please Note: This completed form, including signature, must be submitted with K-12/ Graduation Verification of Minor form before attending classes at Palomar.