ACCESSING HEALTH CARE FOR STUDENTS UNDER AGE 18

If you are under 18 years of age, state law requires us to contact your parents for most treatment at the Student Health Center (see exceptions listed below).

In California, according to the law, a person becomes an adult at age 18 years old. Under age 18, parents have the right to make most health care decisions. This includes the right to consent to health care. Because of this law, there are times when it will be necessary to speak with a parent or guardian as part of being seen here at the Student Health Center.

There are some situations when a person under 18 can get health care without parental consent. These situations are defined by California and federal laws. The following services do not require parental consent:

- Family Planning
- Sexually transmitted diseases
- Mental Health Treatment and Counseling
- Pregnancy
- Drug and Alcohol related problems
- HIV/AIDs
- Sexual Assault Treatment
- Abortion
- Situations involving public health reportable infectious disease care
- Suspected Child Abuse Victims

Some people under 18 have a special status in California which allows them to seek care on their own. These include emancipated minors and minors living with complete financial independence separate and apart from their parents.

Unless your situation is listed above, we will need to contact your parents. While one of our nurses will make the official required call to your parents for a verbal consent to treat, it is helpful if you give your parents a call to let them know that we will be contacting them. If you are concerned about reaching your parents, please speak with one of our nurses.

If you are interested in knowing more about this issue:

CONSENT FOR TREATMENT OF A MINOR

Name of minor patient  
Birth date  
SID#  

Name of parent or guardian*  
Relationship  
Phone #  

I hereby consent to diagnostic procedures and treatment that may be performed on an outpatient basis and which may include but are not limited to laboratory procedures, x-ray examinations or medical treatment, done at UCSC Student Health Services by or under the instruction of the patient's provider.

Signature of parent/guardian*  
Date and Time  

PHONE AUTHORIZATION

I have obtained telephone consent for Student Health Services (SHS) to provide medical care for the minor patient after speaking with the patient's parent/guardian, as listed above.

Person obtaining authorization:

Print Name________________________Signature________________________Date and Time__________