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 Student Health Services (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 Student Health Services.

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
- COVID-19 Testing
- 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

Place patient label here
If applicable

Print Name of Minor Patient ____________________________ Birth Date ________________ Student ID# ____________________________

Print Name of Parent or Guardian ____________________________ Relationship ________________ Parent or Guardian 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.

This authorization will remain in effect until the 18th birthday of listed minor.

Signature of Parent or Guardian (circle) ____________________________ Date and Time ____________________________

Return this form via fax, US Mail or Health e-Messenger (email is not secure, do not send this way):
Fax: 831-459-3546
UC Mail: UCSC Student Health Services, Medical Records. 1156 High Street, Santa Cruz, CA 95064
Health e-Messenger Account: Student goes to: https://studenthealth.ucsc.edu/
   • Login using your username and gold password.
   • Use Messages tab on left sidebar, then select New Message, then click on Medical Records Form Submission to upload this form

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VERBAL/PHONE AUTHORIZATION—SHS STAFF USE ONLY

The parent or guardian (circle) hereby consents 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.

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 or guardian (circle): ____________________________.

Print name of Parent or Guardian

Duration of this Consent:
☐ This authorization will remain in effect until the 18th birthday of listed minor
☐ For this visit only

SHS Staff obtaining authorization:

Print SHS Staff Name ____________________________ SHS Staff Signature ____________________________ Date and Time ____________________________

HC: 236 (7/27/21) Consent for Treatment of a Minor