FRESNO STATE
Student Health and Counseling Center

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

California State University, Fresno
Student Health and Counseling Center
5044 N. Barton Avenue MS/HC81
Fresno, Ca 93740-8012

The undersigned (Parent/Guardian) of _____

Who is _____ years old, hereby authorizes the medical staff of Student Health and Counseling Center of California State University, Fresno, as agents for the undersigned to consent to any diagnostic procedure (including x-ray), and the administration of any medical or surgical treatment, when any or all of the foregoing is deemed advisable by and is to be rendered under general supervision of any physician and surgeon licensed under the Provision of the Medical Practice Act.

This authorization is given in advance of any special diagnosis, treatment or medical care being required, and pursuant to the provisions of Section 25.8 of the California Civil Code.

_____ _____

Date Parent/Guardian Signature

_____

Print Name