



De Anza Student Health Services  
 21250 Stevens Creek Blvd  
 Cupertino, CA 95014  
 Phone: (408) 864-8732 Fax: (408) 864-8983

**Parent or Guardian Authorization and Consent for a Minor Student to  
 be treated at De Anza College Student Health Services Center**

*The following authorization form must be completed by a parent or legal guardian of the student who is less than 18 years of age. A completed form must be on file in the De Anza Student Health Service Center before the student can be treated by medical staff.*

I, \_\_\_\_\_, am the (Circle one) Father / Mother / legal guardian of the minor student \_\_\_\_\_, who is enrolled as a student at De Anza College at De Anza College.

I hereby authorize and give permission to the employees of De Anza College Student Health Services Center to obtain for the listed minor any immunizations, well care, medical and/or treatments which in their judgement are deemed necessary. I understand and agree that as the parent/legal guardian of the minor, I am and remain financially responsible for all such immunization, well care, medical and/or treatments provided to the minor and I will promptly pay any invoice for the cost of such care.

As the parent/guardian of \_\_\_\_\_, I give permission to De Anza College Student Health Services Center to be informed and document all current medications and medical conditions including psychological difficulties and serious allergies (animal, food, medicine) and physical limitations of the minor child as follows:

\_\_\_\_\_  
 \_\_\_\_\_

As the parent/guardian of \_\_\_\_\_, I give permission to De Anza College Student Health Services Center to render care, prescribe and administer medications, refer to medical consult or treatment as needed, without restriction.

I further understand that in the event that the student experiences any condition requiring emergency medical treatment, De Anza Student Health Services may direct that student be transported to the hospital for such care.

PRINTED NAME OF PARENT OR GUARDIAN \_\_\_\_\_ RELATION: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ Date: \_\_\_\_\_