

CONSENT AND AUTHORIZATION FOR TERMS AND CONDITIONS MEDICAL TREATMENT 2018–2019 ACADEMIC YEAR

If you are under 18 years of age, a parent or guardian must sign and agree to the terms and conditions of the License Agreement and provide the consent authorization for medical treatment.

Please fill out and return this form to the Office of Housing and Residence Life.

STUDENT'S INFORMATION

Last Name	First Name	Middle Name	Campus Identification Number (CIN)
Permanent Address	Street	City	State
			Zip Code
			Country
			MM / DD / YY
Permanent Phone Number	Message Phone Number	*Age	Birth Date
Personal Email Address	Cal State LA Email Address		

CONSENT AUTHORIZATION FOR MEDICAL TREATMENT

The undersigned parent or guardian of _____ who is _____ years old, hereby authorizes the staff of the California State University, Los Angeles Housing and Residence Life Office, as agents of the undersigned, to consent to any medical care including X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under 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 6900 et seq of the California Family Law Code. Note: Licensee must be 18 years old or will turn 18 during the quarter in which he or she shall be a resident.

Signature of Parent or Guardian

Date

TERMS AND CONDITIONS

I have read and understand the "Cal State LA Housing and Residence Life License Agreement Terms & Conditions." I have also read and understand the Housing and Residence Life Payment Schedule and Student Guide. I agree to the terms and conditions of all the forenamed documents and agree to abide by the "Cal State LA Housing and Residence Life License Agreement Terms and Conditions."

Signature of Student	Date
Name of Parent/Guardian (Please Print)	
Signature of Parent/Guardian if student is under 18.	Date
Parent/Guardian Contact Phone Number	Parent/Guardian Email