

CONSENT AND AUTHORIZATION FOR TERMS AND CONDITIONS MEDICAL TREATMENT 2020-2021 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 |
| 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 |