



# UNIVERSITY of CALIFORNIA • IRVINE

## Authorization for Medical and/or Psychological Treatment of a Minor (less than 18 years of age).

Student Health Center  
 501 Student Health  
 Irvine, CA 92697-5200  
[www.shc.uci.edu](http://www.shc.uci.edu)

Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
 Student ID No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ am the parent or legal guardian of the student named above. I hereby authorize any healthcare provider at the University of California, Irvine Student Health Center to administer any medical and/or psychological treatment that is deemed necessary for the student named above.

\_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



This form must be completed in full, signed in blue or black ink, and submitted to the Student Health Center:  
 ATTN: Medical Records  
 501 Student Health  
 Irvine, CA 92697-5200.