



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

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.