

<b>Title:</b> <b>Treatment of Minors or Persons Under Guardianship</b>		<b>Adopted: 1/00</b>
<b>Number: Bylaws</b> <b>0033</b>	<b>Reevaluation Date: Every three</b> <b>years, next due 2013</b>	<b>Reviewed Date(s): 5/10</b>
<b>Revised Date(s): 8/00,</b> <b>10/01, 9/02, 6/03, 11/03,</b> <b>1/04, 7/05, 6/06, 6/07, 7/08,</b> <b>5/10</b>	<b>Approved By: Wende Hargrove, Health Services Coordinator; Dr. Neil Speth, Medical Director; Kaylene Hallberg, Dean of Student Services; Stephanie Ortiz, Dean of Nevada County Campus</b>	
<b>Distribution: Health Services Rocklin and NCC</b>		
<b>Reference(s):</b>		

<b>Purpose:</b>	To provide staff with procedures to ensure compliance with legal requirements relative to the treatment of minors and persons under guardianship.
<b>Procedure:</b>	<p>Minors (under age 18) and those under guardianship will not be treated without proper consent unless they are emancipated. A legal guardian, as personal representative, will be required to sign consent for medical treatment and HIPAA notification acknowledgement on the New Patient Data Form before a minor will be treated at Sierra College Health Services. See attached Consent for Medical Treatment.</p> <p><b>A. Emancipated Minor meets the following requirements</b></p> <ol style="list-style-type: none"> <li>1. Is married; or</li> <li>2. Is on active duty for the Armed Forces</li> <li>3. Meets the following requirements: <ol style="list-style-type: none"> <li>a. The minor is at least 15 years of age</li> <li>b. Minor willingly lives separate and apart from his parents or guardian with or without the consent of the parent or guardian.</li> <li>c. The minor is managing his own financial affairs regardless of the source of the minor's income.</li> </ol> </li> <li>4. Legal documentation of emancipated status must be provided.</li> </ol> <p><b>B. STD and Family Planning</b> Family planning and STD treatments may be rendered without parental or guardian consent.</p> <p><b>C. Immunizations and Routine Medical Care</b> Patients under 18 years must have a signed parental consent.</p> <p><b>Emergency Care</b> Life sustaining emergency care for minors will be provided. Parental or guardian consent will be sought as soon as possible. For minor emergencies (i.e. lacerations requiring stitches and Tetanus booster), telephone consent will be obtained.</p> <p><b>Tuberculosis Screening</b> Patients under 18 years must have a signed parental consent.</p>

**PARENTAL/GUARDIAN CONSENT FOR MEDICAL TREATMENT**

**Sierra College Health Services (SCHS)**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_ Today's Date \_\_\_\_\_

**Parent Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

**Consent:**

I, \_\_\_\_\_ (parent/guardian) do hereby authorize a representative of Sierra College to provide:

\_\_\_\_\_ Immunizations

\_\_\_\_\_ Medical treatment regarding \_\_\_\_\_  
(list symptoms or general problem)

\_\_\_\_\_ Urgent treatment for \_\_\_\_\_  
(list injury or problem)

\_\_\_\_\_ Tuberculosis surveillance

\_\_\_\_\_ All medical treatment within scope of services at SCHS

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Telephone Consent:**

Date \_\_\_\_\_

Medical Provider \_\_\_\_\_  
Print name and title

\_\_\_\_\_  
Signature

Witness \_\_\_\_\_  
Print name and title

\_\_\_\_\_  
Signature