

Title: Treatment of Minors or Persons Under Guardianship		Adopted: 1/00
Number: Bylaws 0033	Reevaluation Date: Every 3 years, next due 2019	Reviewed Date(s): 5/10, 3/12, 7/15, 7/16
Revised Date(s): 8/00, 10/01, 9/02, 6/03, 11/03, 1/04, 7/05, 6/06, 6/07, 7/08, 5/10, 9/13, 7/16	Approved By: Wende Fortner, Health Services Coordinator; Dr. Neil Speth, Medical Director; Jennifer Alt, Dean of Student Services; Stephanie Ortiz, Dean of Nevada County Campus	
Distribution: Health Services Rocklin and NCC		
Reference(s):		

Purpose:	To provide staff with procedures to ensure compliance with legal requirements relative to the treatment of minors and persons under guardianship.
Procedure:	<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>A. Emancipated Minor meets the following requirements</p> <ol style="list-style-type: none"> 1. Is married; or 2. Is on active duty for the Armed Forces 3. Meets the following requirements: <ol style="list-style-type: none"> a. The minor is at least 15 years of age b. Minor willingly lives separate and apart from his parents or guardian with or without the consent of the parent or guardian. c. The minor is managing his own financial affairs regardless of the source of the minor's income. 4. Legal documentation of emancipated status must be provided. <p>B. STD and Family Planning Family planning and STD treatments may be rendered without parental or guardian consent.</p> <p>C. Immunizations and Routine Medical Care Patients under 18 years must have a signed parental consent.</p> <p>D. Emergency Care 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>E. Tuberculosis Screening 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)

_____ Mental Health Counseling

_____ 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