



ACCESSING HEALTH CARE FOR STUDENTS UNDER AGE 18 AT SAINT MARY'S COLLEGE STUDENT HEALTH CENTER

If you are under 18 years of age, state law requires us to contact your parents for most treatment at Saint Mary's College Student Health Center (see exceptions listed below).

In California, according to the law, a person becomes an adult at age 18 years old. Under age 18, parents have the right to make most health care decisions. This includes the right to consent to health care. Because of this law, there are times when it will be necessary to speak with a parent or guardian as part of being seen here at Student Health Services.

There are some situations when a person under 18 can get health care without parental consent.

These situations are defined by California and federal laws. The following services do not require parental consent:

- Family Planning
- Sexually transmitted diseases
- Mental Health Treatment and Counseling
- Pregnancy
- Drug and Alcohol related problems
- HIV/AIDs
- Sexual Assault Treatment
- Abortion
- COVID-19 Testing
- Situations involving public health reportable infectious disease care
- Suspected Child Abuse Victims

Some people under 18 have a special status in California which allows them to seek care on their own. These include emancipated minors and minors living with complete financial independence separate and apart from their parents. Unless your situation is listed above, we will need to contact your parents.

While one of our nurses will make the official required call to your parents for a verbal consent to treat, it is helpful if you give your parents a call to let them know that we will be contacting them. If you are concerned about reaching your parents, please speak with one of our nurses.

If you are interested in knowing more about this issue:

http://www.teenhealthlaw.org/fileadmin/teenhealth/teenhealthrights/ca/07_CA_MinorConsentChapter.pdf

CONSENT FOR TREATMENT OF A MINOR AT SAINT MARY'S COLLEGE STUDENT HEALTH CENTER

Printed Name of Minor Patient:			
Patient Birth Date: Printed Name of Parent or Guardian: Parent or Guardian Phone #:			
		I hereby grant the healthcare providers at Saint Mary's permission to perform or order diagnostic procedures (procedures or x-ray examinations) and provide medical necessary referrals for their medical/psychological care psychological information to other health professionals the course of receiving health care.	including, but not limited to, laboratory treatment to the above patient, and/or make . I consent to the release of medical and/or
		This authorization will remain in effect until the 18th bi	rthday of listed minor.
Signature of Parent or Guardian:			
Date:			
Return this form to the Student Health Center, First floo Health Center, 1928 St. Mary's Rd., Moraga, CA 94575 of ************************************	or Fax: (925) 376-2238		
VERBAL/PHONE AUTHORIZATION—SHC STAFF USE ON			
The parent or guardian grants the health care providers Student Health Center (SHC) permission to treat and/or medical/psychological care for release of medical and/or psychological information to patient has been referred in the course of receiving headiagnostic procedures (including but not limited to laborate to laborate the student procedures).	r make necessary referrals for, and consents to the other health professionals to whom the above alth care. They understand that care may include		
I have obtained telephone consent for Saint Mary's Col medical care for the minor patient after speaking with			
Printed name of Parent or Guardian:			
Duration of this Consent:			
\Box This authorization will remain in effect until the 18th \Box For this visit only	n birthday of listed minor		
SHS Staff obtaining authorization:			
Printed name:			
Signature:	Date :		