

CONSENT FOR MEDICAL TREATMENT OF A MINOR

1. **Medical Consent:**

I am voluntarily seeking health care and hereby consent to medical treatment, procedures, x-ray, laboratory tests and other health care services from Student Health Service and/or other contracted providers. I have the right to refuse specific treatments or procedures. I am an emancipated minor **or the parent/legal guardian of a student under 18 years of age.** (NOTE: Pursuant to Civil Codes 34.5–34.10, minors may consent to treatment for certain medical conditions.)

2. **For students with UCSHIP insurance:**

I authorize UCSB Student Health Service to bill my Insurance Plan on my behalf for any outside laboratory or other expenses incurred. I accept responsibility for payment for all services not covered by UCSHIP, including any visit fees and pharmacy co pays. These charges may be paid by credit card on the day of service or charged to my university student account.

3. **For students who do not have UCSHIP insurance:**

I accept responsibility for payment of all expenses incurred from services provided at UCSB Student Health Service. These charges may be paid by credit card on the day of service, or charged to my university student account. Charges include, but are not limited to, visit fees, medications, laboratory testing, x-rays, and supplies.

4. This agreement of "Consent for Medical Treatment" can be revoked by me at any time by written notification and is valid until revoked.

If Consent for a minor under 18 years of age:

Print Student Name

Print Parent/Legal Guardian Name

Signature of Student

Signature of Parent/Legal Guardian Date

Date

Date