

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT (Cañada College)

Minor Consent Medical Form

Please Print

Student's Name: _____ Birthdate: _____ Age: _____ Grade: _____

 Last First

Address: _____ City: _____ Zip: _____

Mother/Guardian: _____ Work Phone: _____ Cell: _____

Father/Guardian: _____ work Phone: _____ Cell: _____

The following information is required in the event your student becomes ill or is injured in school. Give names Of responsible adults who can be contacted in an emergency when cannot be reached.

Name: _____ Phone: _____ Relationship: _____

Physician/Clinic: _____ Medical ID# _____ Phone: _____

Describe any **significant** health condition: _____

Is the student receiving mental health services? Yes _____ No _____ Therapist: _____

List name, dosage and times of any medication this student takes daily _____

My child has the following allergies: _____

If the above named physician is not available, I authorize the college authorities to seek necessary medical Treatment at a hospital or other medical facility near the school. Yes _____ No _____

NON EMERGENCY MEDICAL CONSENT

The Cañada College Health Center has permission to render first aid and provide needed over the counter medication (Tylenol, ibuprofen, allergy, etc) needed to treat minor illnesses of my child. _____

The Cañada College Health Center **DOES NOT** have permission to provide over the counter medication without first contacting me at: _____

Signature of Parent or Guardian: _____ Date: _____

