



Student Health Services

Parental Consent for Treatment of Minor

I authorize my minor child to be treated by and/or participate in the services and activities being provided at the West Valley College Student Health Center. **In case of an emergency** please provide first aid or send my child to an emergency facility. I realize that West Valley College cannot assume responsibility for the payment of expenses incurred.

Student's Name

_____/_____/_____
Date of Birth

Student ID #

Local contact information in case of illness or injury **if parent cannot be reached** is:

Name

Relationship

Phone #

Student's Physician Name

Phone #

Dentist Name

Phone #

Student's Medical Insurance

Subscriber #

MEDICAL HISTORY

1. Please list any medical conditions we should know about in an emergency.

2. Are there medications the student takes regularly? Yes No

Please List: _____

3. Does the student have any allergies to medications or other substances? Yes No

Please List: _____

Parent Signature

Phone#

Date

Address

City

Zip

This form is considered valid through subsequent enrollments at West Valley College until the student reaches the 18th birthday, so long as the information given above remains the same. It is the responsibility of the parent/guardian to update any changes.

Please return to the above address within ten days. Thank you.

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