

RCCD Student Health & Psychological Services

Norco College 2001 Third Street, Norco, CA 92860 Phone (951) 372-7046 Fax (951) 372-7184

PERMISSION TO TREAT A MINOR/EMERGENCY INFORMATION

I _____ grant permission and authorize the administration of all diagnostic
(parent/legal guardian)
and therapeutic treatments that may be considered advisable or necessary in the judgment of the physician/nurse
practitioner/registered nurse/counselor at Riverside Community College District's Health Services.

PRINT Student Name: _____ Student ID#: _____

PRINT Parent/Legal Guardian: _____ Date: _____

SIGNATURE Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY INFORMATION

In Case of emergency please contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Patient Allergies: _____

Serious Medical Conditions (i.e. Diabetes, Epilepsy): _____

Medications: _____

All medical information and records are subject to guidelines of the Health Insurance Portability and Accountability Act (HIPPA).

PLEASE NOTE: TO ENSURE SIGNATURE IS VALID, A COPY OF THE PARENT/LEGAL GUARDIAN'S DRIVERS LICENSE IS REQUIRED. PLEASE SUBMIT THIS FORM ALONG WITH A COPY OF THE DRIVERS LICENSE TO HEALTH SERVICES.