

CALIFORNIA BAPTIST UNIVERSITY

CONSENT TO TREAT MINOR

ACTIVITY: **24@CBU – Fall Overnight Preview Event for High School Seniors**

DATES (circle one): **November 15th-16th, 2017 | November 29th-30th, 2017**

California law requires the consent of a parent or legal guardian for medical care of persons under eighteen (18) years of age. If your dependent is attending an activity at California Baptist University (“CBU”), please complete the information below:

<u>Dependent Information:</u>		
Last Name _____	First Name _____	Middle Initial _____
Address _____	City _____	ZIP _____
Best Phone # (XXX-XXX-XXXX) _____	D.O.B. (MM/DD/YYYY) _____	
<u>Parent or Legal Guardian Information:</u>		
Last Name _____	First Name _____	Middle Initial _____
Address _____	City _____	ZIP _____
Home Phone # _____	Cell Phone # _____	

Authorization

I, the above-named Parent or Legal Guardian, certify that the dependent name above is currently a minor for which I am legally responsible.

I authorize CBU to seek or provide emergency medical care for my legal dependent, including but not limited to, diagnostic examinations and medical treatment in the event of an emergency medical situation.

I understand that this Consent is valid only on the date(s) listed above.

By my signature, I acknowledge that I have read and understand this Consent to Treat a Minor.

Signature of Parent or Legal Guardian

Relationship to Minor Dependent

Print First and Last Name

Date Signed