



MEDICAL CONSENT FOR TREATMENT

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. I have the right to refuse specific treatments or procedures. I am at least 18 years of age, 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. I authorize UCSD Student Health Service to bill my Insurance Plan on my behalf for any outside laboratory or other expenses incurred.
3. This agreement of “Medical Consent for 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 Date

Signature of Parent/Legal Guardian Date
