

Complete And Return To:

Woodbury University
Attention: Health Services Office
7500 Glenoaks Boulevard
Burbank, CA 91510
(818) 252- 5238
Mikhail.Lyubarev@woodbury.edu

Authorization to Consent for Medical Treatment of Minors

I, the undersigned parent / guardian of _____,
(Please print student first & last name)

(Date of Birth)_____ who is below the age of 18, and is or will soon be enrolled at Woodbury University authorize the Medical Staff of Woodbury University Health Services Office to perform medical assessments, perform diagnostic tests and treatments, refer to other appropriate Medical Professionals, to act as my agent(s) to consent to any medical diagnostic procedure, to the administration of any medical or surgical treatment, or to any hospital care needed by the above individual when any or all of the foregoing is deemed advisable by and is to be rendered under the general supervision of any physician/ surgeon licensed in California under the provisions of the Medical Practice Act.

I realize that the above minor must be an enrolled student at Woodbury University to be eligible to receive free services at the Woodbury University Health Services Office.

I understand that available services are limited to the scope and hours of operation of Woodbury University Health Services Office. I understand that an individual may be referred to off campus medical providers by way of: referrals by the Medical Staff at Woodbury University Health Services Office, scope or hours of operation of the Student Health Services Office, or at the individual's request.

Signed: _____
(PLEASE PRINT) Name of Parent or Legal Guardian

Signature—Parent or Legal Guardian Date

Street Address: _____

City / State/ Zip: _____

Phone: Home: _____ Work: _____

Cell : _____ Email: _____