



## Student Wellness Services

1239 Arden Rd., Mail Code 1-8, Pasadena, CA 91125  
Phone: (626) 395-8331 | Fax: (626) 585-1522

### ACCESSING HEALTHCARE FOR STUDENTS BEFORE AGE EIGHTEEN

If you are under 18, California state law requires Caltech's Student Wellness Services to contact your parents for most treatment at Student Wellness Services.

Generally, a person becomes an adult at age 18. Prior to reaching 18 years of age, parents or legal guardians have the right to make most health care decisions, including the right to consent to health care. This means that a parent or guardian must generally give consent for any students under the age of 18 when they are receiving services at Student Wellness Services.

In some situations, a person under 18 can get health care without parental or guardian consent, including for the following services if certain conditions are satisfied:

- Emergency Care for Life-threatening Health Concerns
- Family Planning and Contraceptive Services
- Sexually Transmitted Infections
- Mental Health Treatment and Counseling
- Pregnancy
- Drug and Alcohol-related problems
- HIV/AIDS treatment
- Sexual Assault Treatment
- Abortion
- COVID-19 Testing
- Situations involving public health reportable infectious disease care
- Suspected Child Abuse Victims

Some individuals under 18 have a special status in California, allowing them to seek care independently. These include emancipated minors and minors living with complete financial independence separate and apart from their parents.

Outside of the situations listed above, Student Wellness Services must contact your parents **before** we can provide any services.

Your parent or guardian must complete the "Consent for Treatment of a Minor" form **before** you can receive services unless you are receiving care for the specific situations listed above OR have a special status as defined by California law.

This consent form only applies to services at Caltech's Student Wellness Services and Emergency Services on Campus. If you receive care offsite, you must follow the policies and practices of the specific health care provider before receiving treatment for non-life-threatening emergencies.



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### Consent for Treatment of a Minor

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Student's UID/Unique Identifier (if known): \_\_\_\_\_

I hereby authorize the California Institute of Technology, Student Wellness Services, to provide medical evaluation and treatment on an outpatient basis which may include but are not limited to first aid, medical evaluation and treatment including prescriptions or minor office procedures, laboratory procedures, as well as providing referrals for specialty care to avoid unnecessary delays in care.

This authorization will remain in effect until the 18<sup>th</sup> birthday of the listed minor.

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Print Name of Parent / Guardian

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Relationship

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Contact Phone Number

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Signature of Parent / Guardian

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Date and Time

\*\*\* Email is not secure, do not send this form via email. \*\*\*

### Return this form via Fax, US Mail, or Student Health Portal

- Fax: 626-585-1522
- Mail: Student Wellness Services, 1239 Arden Road, MC 1-8, Pasadena, CA 91125
- Student Health Portal: Attach the Consent Form to a Secure Message to the Nursing Team using the [Student Health Portal](#) or at [access.caltech.edu](http://access.caltech.edu)