

**Butte Community College**  
**3536 Butte Campus Drive Oroville, CA 95965**  
**(530) 895-2441**

**Parent or Guardian Authorization for Admission and Medical Treatment of an International (F-1 visa) Minor Student at Butte College.**

**The following authorization form must be completed by a parent or legal guardian of the applicant if the applicant is less than 18 years of age. A completed form is required to be on file in the International Student Program Office.**

I (We), the undersigned parent(s), or legal guardian of:

NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

Give consent for admission and study at Butte College as well as authorize the Butte College Student Health Clinic to provide, at the request of my minor son/ daughter, access to medical assessment, diagnosis and treatment, including over-the-counter medication.

Please list any previous surgery or major injuries: \_\_\_\_\_

List any allergies the child is known to have: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

As the parent/ guardian of \_\_\_\_\_, I want the District to have a complete list of all  
(Print Student's Name)

current medications that are being perscribed for the student as follows:

Medication \_\_\_\_\_ Intake amount /Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Intake amount /Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Intake amount /Frequency \_\_\_\_\_

**Medical Insurance Details**

Medical Insurance Name: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Insurance Expiration Date \_\_\_\_\_ (\*must be purchased for a minimum of 1 year)

**I (We) further give pennission for the Student Health Clinic Practitioner, or his/her designee, to authorize any necessary emergency care, and I (We) understand that care will not be withheld if I (We) cannot be reached.**

**Parent / Guardian Details**

Print Name: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_

**NOTE:** It is California State law that parental/guardian consent is not required for pregnancy testing, counseling, and contraception for minors of all ages (Family Code s6925), nor minors twelve years of age or older receiving care for sexually transmitted infections and HIV testing (Health and Safety Code s199.27).

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