



**SEAWOLVES SPORTSMEDICINE**

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**AUTHORIZATION TO CONSENT MEDICAL TREATMENT FOR MINORS**

The undersigned parent / guardian of \_\_\_\_\_  
Who is below the age of 18, and is or will soon be a regularly enrolled student at Sonoma State University (SSU), authorizes the medical staff of the SSU Health Center, SSU Athletic Training Room staff and / or other appropriate University personnel (i.e. public safety) acting under the administration authority of SSU to act as agents for the undersigned to consent to any diagnostic procedure (including X-Rays), to the administration of any medical or surgical treatment, or to any hospital care when any or all of the foregoing is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

I realize that the above minor must be a regularly enrolled student at SSU in order to receive health care at the Student Health Center (SHC) and may be referred to off campus facilities if:

1. the minor is not currently registered student of the California State University system\*, 2.
2. if medical care is advisable during the hours that the SHC is closed, or
3. if hospitalization, long term care, complex diagnostic evaluation and treatment, specialty consultation or other medical services that are beyond the scope of the SHC are required.

I realize that individuals must make their own financial arrangements for off-campus health care.

\_\_\_\_\_  
Parent or guardian signature Date

\_\_\_\_\_  
Parent or guardian printed name

\_\_\_\_\_  
Street Address City / State Zip Code

\_\_\_\_\_  
Home Phone Number Work Phone Number

\_\_\_\_\_  
Cell Phone Number

\* Student Health Center services are available only to regularly enrolled students who pay University registration fees. Fee waiver students and non-fee paying participants of High School Early Entry Program are not eligible for Student Health Center services.