SANTIAGO CANYON COLLEGE
STUDENT HEALTH & WELLNESS CENTER
(714) 628-4773

GENERAL CONSENT TO TREAT

The undersigned patient and/or parent or guardian hereby consents to and authorizes Santiago Canyon College Student Health & Wellness Center's physicians and medical personnel to administer and perform any and all medical examinations, treatments, designated procedures, vaccinations and immunizations against disease which may be now or during the course of the patient's care as an outpatient be deemed advisable or necessary.

I have been advised of the Health Insurance Portability and Accountability Act (HIPAA) as posted at the Health Center front desk. I understand that I may request a copy of this document for my records.

_____	_____	_____
(Patient) Print Name	Patient Signature	Date
_____	_____	_____
(Patient/Guardian) Print Name	Parent/Guardian Signature (For Minor)	Date

_____
Relationship to Patient

_____	_____
Witness	Date