



**Parental Consent for Mental Health Treatment for Underage CSUSM Students**

California Family Code 6900 et seq. states that unless a specific exception applies, a minor’s guardian or parent must consent to mental health treatment or counseling. The exceptions include when the minor would present a danger of serious mental or physical harm to themselves or another without mental health treatment or counseling or b) if the minor is an alleged victim of incest or child abuse.

**IN CALIFORNIA, MINORS ARE INDIVIDUALS UNDER 18 YEARS OF AGE**

If your minor dependent will be enrolled as a student at CSUSM, you are to complete and return the mental health treatment form below.

**\*\* PLEASE PRINT \*\***

Student’s Name (printed) \_\_\_\_\_

Student I.D. # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please sign

I hereby authorized CSUSM Student Health Services to provide to my minor dependent any mental health treatment or counseling that is deemed advisable, and is to be provided by any mental health practitioner of CSUSM Student Health Services or any outside mental health practitioners or facilities needed. This authorization is given in advance of any specific diagnosis or treatment that may be required.

\_\_\_\_\_  
Parent/Guardian Name (print)                      Signature of Parent/Guardian                      Date

\_\_\_\_\_  
Student Name (print)                      Signature of Student                      Date

**FOR STUDENT HEALTH & COUNSELING SERVICES ONLY**

Telephone consent to treat the above-named minor was given by \_\_\_\_\_

Relationship to student:                       Parent                       Legal Guardian

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm # Called \_\_\_\_\_

\_\_\_\_\_  
Counselor’s Name (print)                      Counselor’s Signature                      Date