

Young Christian Conservatives Leadership Conference

Consent to Treat Minors Form

(Complete only if student is under 18 years old)

I, _____ being the parent or legal guardian of _____
give my consent for both emergency and routine medical treatment at Colorado Christian University's Health Services
should his/her condition so require, per the judgment of the Colorado Christian University's Health Services care
provider as long as the treatment is considered necessary in the situation, and is in accordance with generally accepted
standards of medical practice for the particular type of injury or illness involved. I impose no specific limitations or
prohibitions regarding treatment other than as follows: (if none, so state).

I understand that the authorization is good until the time in which the minor named above reaches his/her 18th
birthday. Please note that this authorization is only required if the student will not be 18 years of age before YCCLC
starts on June 20th, 2022.

Signature of parent/guardian: _____ Date: _____

Home telephone#: _____ Cell#: _____