

UNIVERSITY of ALASKA ANCHORAGE
Student Health and Counseling Center
Policy and Procedures

STUDENT HEALTH AND COUNSELING CENTER **PATIENT RELATED**

Subject: MINOR CONSENT FOR TREATMENT

Policy: The Student Health and Counseling Center adheres to the State of Alaska statute regarding treatment of minors.

AS 25.20.025. Examination and Treatment of Minors.

(a) Except as prohibited under AS [18.16.010](#) (a)(3),

(1) a minor who is living apart from the minor's parents or legal guardian and who is managing the minor's own financial affairs, regardless of the source or extent of income, may give consent for medical and dental services for the minor;

(2) a minor may give consent for medical and dental services if the parent or legal guardian of the minor cannot be contacted or, if contacted, is unwilling either to grant or to withhold consent; however, where the parent or legal guardian cannot be contacted or, if contacted, is unwilling either to grant or to withhold consent, the provider of medical or dental services shall counsel the minor keeping in mind not only the valid interests of the minor but also the valid interests of the parent or guardian and the family unit as best the provider presumes them;

(3) a minor who is the parent of a child may give consent to medical and dental services for the minor or the child;

(4) a minor may give consent for diagnosis, prevention or treatment of pregnancy, and for diagnosis and treatment of venereal disease;

(5) the parent or guardian of the minor is relieved of all financial obligation to the provider of the service under this section.

(b) The consent of a minor who represents that the minor may give consent under this section is considered valid if the person rendering the medical or dental service relied in good faith upon the representations of the minor.

(c) Nothing in this section may be construed to remove liability of the person performing the examination or treatment for failure to meet the standards of care common throughout the health professions in the state or for intentional misconduct.

I hereby give the University of Alaska Anchorage Student Health and Counseling Center permission to give my son/daughter, _____, medical treatment within the Student Health and Counseling Center scope of services, which may include immunizations, Physical and Mental health services.

Parent or Guardian Signature

Date

Parent or Guardian (Please Print)

Contact Phone # of Parent or Guardian

Original Document: 7/2009

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