

**Parent/Guardian Agreement
Emergency Treatment Consent
Designated Payor Agreement**

Minors (under 18 years of age at application date): University Courtyard On-Campus Living application is NOT complete until Parent/Guardian, Designated Payor Information AND Consent Authorization for Medical Treatment is completed, signed and received.

Academic Year: _____

Student Information: Check here if: Student Mailing Address is the same as Parent/Guardian below

Last (Family) Name: _____ First Name: _____

Fresno State ID#: _____ Signature: _____

Designated Payor Information:

Last Name: _____ First Name: _____

SSN: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone #: _____ E-Mail Address: _____

I understand that I am entering into a contract with University Courtyard on behalf of the above named student. I agree to the Terms and Conditions of the Student Housing and Meal Plan License Agreement and agree that I am personally responsible to satisfy all of the financial obligations contained in said Agreement.

Signature of Designated Payor: _____ Date: _____

Consent Authorization for Medical Treatment:

The undersigned parent or guardian of _____ who is _____ years old, hereby authorizes the staff of the University Courtyard, as agents of the undersigned, to consent to any medical or psychological care including X-ray examination, anesthetic, medical, psychological, or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, psychologist, counselor or surgeon. This authorization is given in advance of any specific diagnosis, treatment, medical or psychological care being required, and pursuant to the provisions of Section 6900 et seq of the California Family Law Code.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Information: Check here if: Parent Info is the same as Designated Payor above

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone #: _____ E-Mail Address: _____

I understand that I am entering into a contract with University Courtyard on behalf of the above named student. I agree to the Terms and Conditions of the Student Housing and Meal Plan License Agreement and agree that I am personally responsible to satisfy all of the financial obligations contained in said Agreement.

Signature of Parent/Guardian: _____ Date: _____