IRVINE VALLEY COLLEGE | INTERNATIONAL STUDENTS

Guardianship for Minor Applicants Procedures

In order for an eligible international student under the age of 18 to be considered for admission to Irvine Valley College (IVC), the student's parents must appoint a guardian who lives in or within 25 miles of Irvine, California and agrees to take all responsibility for the student until they turn 18.

IMPORTANT: The minor student must live with the appointed guardian until the student turns 18 and the guardian must be physically present at the listed local residence. Should it be found that the minor student is not living with the appointed guardian OR that the appointed guardian is not physically present in the minor's home, the minor student is subject to dismissal from IVC.

Irvine Valley College cannot act in the place of the parent or guardian. In the event of a personal emergency, accident, illness or incarceration, the State of California will require the signature of a guardian before hospitalization or legal counsel can be obtained. If you are under the age of 18, you are required to have your parent submit a signed statement informing Irvine Valley College who will be your appointed guardian.

The Role of the Appointed Guardian:

The appointed guardian has complete responsibility in all issues related to the student while the student is enrolled at Irvine Valley College and/or until the student reaches the age of 18. Such issues in which the appointed guardian is responsible for include, but are not limited to, the following:

- Living with and being physically present with the student at the local residence
- Medical care for the student (physical and emotional)
- Disciplinary issues that may arise at the school
- Law enforcement/legal issues resulting from the student's conduct
- Educational concerns related to the student's study at Irvine Valley College
- Contact with the parents in the home country as needed
- Acting as a liaison between the student, parent and Irvine Valley College in matters related to the student's study at our institution and stay in the U.S.
- Submitting the "Health & Wellness Services Informed Consent" form (attached) so that required Tuberculosis (TB) screening tests can be completed.

Requirements to be a Guardian:

The appointed guardian must meet the following criteria to be considered:

1. The appointed guardian must be a US Citizen or Permanent Legal Resident.
2. The appointed guardian must be living in or within 25 miles of Irvine, California.
3. The appointed guardian must be physically present at the residence and live with the minor until such time that the student turns 18 years of age.
4. The appointed guardian must be over the age of 25 *(copy of CA Driver's License required)*
5. The appointed guardian and parent must be available should any problems arise with the student until such time that the student turns 18 years of age.

continued

Process to Establish a Local Guardian:

1. Both the *"Process to Establish a Local Guardian"* and *"Affidavit of Guardianship"* must be completed and signed by the parent of the minor/applicant AND the appointed guardian.
    a. The signature of the parent verifies that they have agreed to appoint a local guardian to be responsible for their child while in the US until such time that the student reaches the age of 18.
    b. The signature of the appointed guardian indicates their understanding that they will live with the minor student, remain physically present at the residence and are responsible for all issues related to the student's life in the US until such time that the student reaches the age of 18.
2. The *"Health & Wellness Services Informed Consent*" is signed and submitted. (Required for mandatory Tuberculosis (TB) screening tests to be administered.
3. A copy of the legal guardian's California Driver's License or California ID card is submitted
4. Once these documents are received, Irvine Valley College will review the minor's application and make a decision for admission.
5. Submission of false information will result in the denial of the application and/or dismissal of the student from IVC.

Should you have any questions about this policy, please contact at (949) 451-5414 or iso@ivc.edu.

My signature below confirms my understanding of and agreement to my role as the appointed guardian for the minor student. My signature below confirms that the student will live in my home that is located in or within 25 miles of Irvine, California and that I will remain physically present in the home until such time that the minor turns 18 years of age. I understand that if at any time it is found that I am not physically present and living with the minor, the student is subject to dismissal from IVC. I understand that in all legal issues, I am and remain responsible for the care and guardianship of this minor student. Irvine Valley College is released from all legal responsibility for the care or well-being of the minor student.

_____ _____
Printed Name of Guardian Signature of Guardian

_____ _____
Printed Name of Minor Student IVC Student ID Number

_____
Date

To be completed by the applicant's parent:

My signature below confirms that I appoint _____ as the guardian for my child.
Name of Guardian

_____ _____ _____
Printed Name of Parent Signature of Parent Date Signed

IRVINE VALLEY COLLEGE | INTERNATIONAL STUDENTS

AFFIDAVIT OF GUARDIANSHIP

(Official US notarization required)

I, _____ residing at
Name of Appointed Guardian (First/Last)

_____ depose and say:
Street Number *Apartment* *City* *State* *Zip Code*

1. That I have agreed to be the legal guardian of _____
Full name of applicant/student (First/Last)

whose date of birth is _____ who is a minor child of school age.
m*onth/day/year*

2. I am a US citizen or Permanent Legal Resident currently residing in California.

3. I confirm that I will live with the minor student and remain physically present at the above address until such time that the student reaches the age of 18. I understand that if at any time it is found that I am not physically present and living with the minor, the student is subject to dismissal from IVC.

4. That I am over the age of 25 and my date of birth is *(copy of CA Driver's License required):* _____
month/day/year

5. That I accept all legal responsibility for _____ in all
Full name of applicant

student matters while enrolled at Irvine Valley College and/or until said minor reaches the age of 18 on _____.
month/day/year

6. I will submit the "Authorization for Irvine Valley College Student Health Services to Consent to Treatment of Minor Lacking Capacity to Consent"

7. My relationship to the applicant/student is _____.

My signature below indicates that I have read the *"Guardianship for Minor Applicants Procedures"* and agree to my role as the guardian for the above student. I understand that Irvine Valley College cannot act in the place of the parent or legal guardian. In the event of personal emergency, accident, illness, incarceration or disciplinary action at the institution, the established guardian and parent will maintain full responsibility for the minor student. Irvine Valley College is released from all liability related to the student's study at the institution.

_____ _____
Printed Name of Appointed Guardian Signature of Appointed Guardian

_____ _____
Telephone Number of Appointed Guardian Fax Number of Appointed Guardian

_____ _____
Email address of Appointed Guardian Date Signed

Irvine Valley College

Health and Wellness Center (HWC)
5500 Irvine Center Drive, Irvine, CA 92618 | T: 949-451-5221 | F: 949-451-5393 | ivc.edu/hwc

NEW PATIENT INFORMATION FORM

Legal Name: _____ **Student ID:** _____ **Date of Birth:** _____

Preferred Name(s): _____ **Pronouns:** _____

Sex Assigned at Birth: **Male** **Female** **Intersex** **Birthplace:** _____

Address: _____ **Phone Number:** _____

Email: _____ **May we leave a message on your voice mail?** ☐ **Yes** ☐ **No**

May we send you text messages? ☐ **Yes** ☐ **No**

If yes, who is your carrier? ☐ **Verizon** ☐ **AT&T** ☐ **T-Mobile** ☐ **Other** _____

Race: ☐ **White** ☐ **Hispanic/Latinx** ☐ **American Indian/Alaskan Native** ☐ **Asian**

☐ **Black African** ☐ **Native Hawaiian/Other Pacific Islander** ☐ **Other** _____

Language Preference(s): _____

Hearing Impaired: ☐ **Yes** ☐ **No** **Vision Impaired** ☐ **Yes** ☐ **No**

Do you have health insurance? ☐ **Yes** ☐ **No** **If yes, name your insurance** _____

In Case of Emergency, Please Notify:

Name: _____ **Relationship to Patient:** _____ **Phone:** _____

Patient Signature _____ **Date:** _____

If a patient is a minor ***(under the age of 18 or in conservatorship)***

_____ _____ _____

Parent/Guardian Name **Parent/Guardian Signature** **Date**

Revised 03/14/2025rv

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Health and Wellness Center (HWC)
5500 Irvine Center Drive, Irvine, CA 92618 | T: 949-451-5221 | F: 949-451-5393 | ivc.edu/hwc

Health and Wellness Services Informed Consent

Legal Name:	**Date of Birth:**
Preferred Name/Pronouns:	**Student ID#:**

Thank you for choosing the Student Health and Wellness Center (HWC) at Irvine Valley College (IVC) as your service provider. The HWC provides medical, mental health, and wellness services to all enrolled IVC students regardless of their insurance coverage. This informed consent outlines how to access these services, the availability of resources, how providers address medical care and mental health concerns, and the confidentiality of records. By signing this consent, the student permits the HWC team to provide medical, wellness, and/or mental health services.

APPOINTMENTS

IVC students may schedule medical appointments online at **healthportal.socccd.edu** or call the HWC directly for either medical or mental health appointments at (949) 451-5221. The students are advised to arrive on time to benefit from their appointment most. Late arrivals may be rescheduled. We ask that students who are unable to attend their appointment notify the HWC at least 24 hours in advance.

MEDICAL CARE SERVICES

The HWC recognizes that a variety of illnesses in the United States have preventable causes. To prevent these medical problems, healthy decisions are encouraged. The HWC offers routine/sports physicals, immunizations, medical consultations, sick illness care, and reproductive services that include but are not limited to birth control, sexually transmitted infections education, testing and treatment, pap smears, and breast exams. Other services include lab testing, medication distribution, and prescriptions.

MENTAL HEALTH SERVICES

Mental health services often lead to an increase in healthy coping skills, improved relationships, and significant reductions in feelings of distress. These services are available and intended to meet the needs of the students. For therapy to be most effective the student will be encouraged to explore topics related to academic barriers, home life, and social support. The HWC therapists are mental health professionals who specialize in, but are not limited to anxiety, healthy relationships, identity exploration, depression, and trauma.

*" Dependent adult" means a person regardless of whether the person lives independently, between the ages of 18 and 64 years who resides in this state and who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, a person who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age."

Health and Wellness Services Informed Consent

Legal Name:	Date of Birth#:

They provide a confidential, non-judgmental environment, in a secure and private office. Students are allowed to orient themselves to the therapist and the therapy process.

Mental health services are short-term in nature to help students with problem identification followed by referring students to outside mental health resources for continuation of care as needed. After the initial session, the student and the therapist will determine if the HWC mental health services are the best fit for the student. If it is best for the student to be served by other agencies or professionals, then the therapist will refer the student to the appropriate community or campus resources.

CONFIDENTIALITY

Sessions between mental health therapists, medical healthcare providers, and students are strictly confidential. Information will not be shared with other departments on campus or outside resources without the student's written consent. All documentation taken by the mental health therapist or medical healthcare providers during therapy sessions or primary care visits shall not be disclosed to anyone without your written consent, including parent(s), spouse(s), friend(s), and /or college personnel. There are several exceptions to the rule of confidentiality, as mandated by law and proper agencies will be notified of the event/events when:

- Suspicion of abuse:
    - To a child under the age of 18 years old
    - Vulnerable/Dependent Adult*
    - Elderly people are over 60 years old
- You are in danger of harming yourself and others or causing considerable property damage.
- Experiencing food, shelter, and/or clothing insecurities.
- You use your mental health as a defense in litigation.

EMERGENCY SERVICES

The Student Health and Wellness Center ***does not*** provide crisis or emergency services. Should you need immediate healthcare services, please go to your nearest hospital, or dial 9-1-1 for life-threatening emergencies.

" Dependent adult" means a person regardless of whether the person lives independently, between the ages of 18 and 64 years who resides in this state and who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, a person who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age."

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Health and Wellness Services Informed Consent

STUDENT CONSENT

It is important for students who wish to seek services at the HWC to do the following:

- ☐ Read the Health and Wellness Services Informed Consent and fully understand the contents.
- ☐ Request and provide their consent to medical care/therapy services as described herein.
- ☐ Understand the confidentiality of medical care/mental health services.
- ☐ Understand their rights, limitations, and responsibilities as a recipient of these services.
- ☐ Know that proper conduct and behavior are expected of all who enter the HWC, and Board Policy 5500 *Standards of Student Conduct and Discipline Procedures* applies to all students. Any perceived or demonstrated student misconduct will be documented and sent to the disciplinary officer in a written report detailing the incident. Additionally, the student who showed misconduct may be asked to leave the premises.

MENTAL HEALTH SERVICES ONLY

- ☐ Know that they can end therapy/mental health services at any time by informing their therapist.
- ☐ If the therapist decides that services are not beneficial to the student, they will make proper referrals for continuation of care. If a student declines the suggested referral, the therapist may limit the number of future sessions.
- ☐ Therapists can end a student-therapist relationship when it is clear the student is no longer benefiting, when services are no longer needed, or when therapy no longer serves the student's needs and/or interests.

By signing below, I acknowledge that I have read and fully understand the terms and conditions outlined in this consent document. I agree to receive medical, wellness, or mental health services from HWC, abide by the terms and conditions, and follow procedures set forth by the Irvine Valley College Student Health and Wellness Center services.

Patient Signature ***(must be over the age of 18 years old to sign)***	**Date:**
Parent/Legal Guardian/ Conservator Signature	**Date**:

**" Dependent adult" means a person regardless of whether the person lives independently, between the ages of 18 and 64 years who resides in this state and who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, a person who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age."*

Irvine Valley College

5500 Irvine Center Drive, Irvine, CA 92618 | 949-451-5100 | ivc.edu

Legal Name:_____ Preferred Name: _____
Date of birth: _____ Student ID #: _____

New Patient Medical Intake Form

Allergies:

_____

Current Medications: _____

Current and Past Medical History (select all that apply):

	Approx. Age of onset		Approx. Age of onset		Approx. Age of onset
☐ No Medical Problems		☐ Abnormal Liver Function		☐ Allergic Rhinitis	
☐ Asthma		☐ Cancer		☐ Constipation	
☐ Diabetes, Type I		☐ Diabetes, Type II		☐ Digestive System Reflux	
☐ Ear problem		☐ Eczema		☐ Gastrointestinal problems(s)	
☐ Head injury with unconsciousness		☐ Headaches		☐ Hearing problem	
☐ Heart disease		☐ Heart Murmur		☐ Heart Palpitations	
☐ Hepatitis B disease		☐ Hepatitis C disease		☐ HIV positive	
☐ Low back pain		☐ Migraine headaches		☐ Neurologic problem(s)	
☐ Seizure Disorder		☐ Sexually Transmitted Infectious Disease		☐ Sinusitis	
☐ Skin Problem		☐ Thyroid problem(s)		☐ Vision Problem(s)	
				☐ Other:	

Mental Health History

	Approx. Age of onset		Approx. Age of onset		Approx. Age of onset
☐ No Mental Health Problems		☐ Anorexia		☐ Anxiety disorder	
☐ Bipolar disorder		☐ Bulimia		☐ Depression	
☐ Psychosis		☐ Sleep Problems		☐ Other:	

Social History

☐ Alcohol Use (how many drinks per month? _____)
☐ Illegal drug or substance use
☐ Smoking/Tobacco use (how many packs per day? _____)

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Legal Name:_____ Preferred Name: _____
Date of birth: _____ Student ID #: _____

Women's Health (if applicable)

- ☐ No women's health problems
- ☐ Pelvic pain
- ☐ Absent periods
- ☐ Severe menstrual pain
- ☐ Irregular periods

Hospitalizations/Surgeries/Procedures:

Do you have any history of hospitalizations?

List Reason for Hospitalization/Surgery/Procedure	Approximate Date

Family History:

Do your family members have any medical or mental health conditions?

List Medical Condition	What family member (i.e. mother, father, grandmother, grandfather, sister, brother, etc.)

IRVINE VALLEY COLLEGE HEALTH & WELLNESS CENTER
5500 IRVINE CENTER DRIVE
ROOM SC 150 STUDENT SERVICE CENTER
IRVINE, CA 92618

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF MEDICAL INFORMATION:

I hereby authorize the physicians and/or employees of Irvine Valley College Health & Wellness Center or _____ to release medical information as indicated below.

Release records and information regarding:

_____

Name of Patient (list other names used) Student I.D# Date of Birth

_____

Address Telephone Number

Release medical information to: ____**MYSELF-or-** International Student Program Office at Irvine Valley College

Name of receiving party

IVC _____

Address City, State, Zip Code

DURATION: This authorization shall become effective immediately and shall remain in effect until

_____ (enter Date) or for one year from the date of signature if no date entered.

REVOCATION: This authorization is also subject to written revocation by the undersigned at any time between now and the disclosure of information by the disclosing party. Written revocation will be effective to the extent that the Requester or others have acted in reliance upon this Authorization.

DISCLOSURE: I understand that the requester may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless disclosure is specifically required or permitted by law.

SPECIFY RECORDS: ____MEDICAL INFORMATION _____ MENTAL HEALTH INFORMATION

____LABORATORY RESULTS X OTHER (SPECIFY) TB clearance results

I request that the health information released pursuant to this authorization be used for the following purpose only: Fulfillment of IVC admission requirement

A copy of this authorization is valid as an original.
I have the right to receive a copy of this authorization.

_____ _____

DATE Signature of Patient or Patient's Representative

Attach copy of photo ID i.e. driver's license or passport