



Dear RRCC Parents,

In accordance with Colorado state law, person under the age of 18 years must have the consent of a parent or legal guardian in order to receive medical care for most conditions other than true emergencies.

The following authorization will allow your son /daughter to be treated at RRCC Student Health & Counseling Clinic when the need arise. Please read this authorization carefully, sign date, and return it to the RRCC Student Health & Counseling.

- Mail: RRCC, Box 44, 13300 West 6th Avenue, Lakewood, CO 80228-1255
- Email: RRCCstudenthealthclinic@gmail.com
- Fax: 303-914-6811 (Lakewood) 303-435-6258 (Arvada)
- Phone: 303-914-6655 (Lakewood) 303-914-6070 (Arvada)

If you have any questions, please call the RRCC Student Health & Counseling Center at 303-914-6655
Thank you very much for assistance in obtaining care for your RRCC Student.

Sincerely,

Tana Smith, MD
Medical Director/Supervising Physician

Sylvia Vigil, PA-C
Director/Physician Assistant

I hereby authorize the professional staff at the RRCC Student Health and Counseling Center, and those other health care providers to whom they may refer my son/daughter, to examine and treat

Student's Name/DOB/S-Number:

For any medical or psychological conditions for which he/she present to the RRCC Student Health & Counseling Center while he/she is enrolled at Red Rocks Community College

Signed/Relationship to Student/Date
