

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

Student Name _____ Date _____
Address _____ Phone _____
_____ Birth Date _____

Will insurance policy be in force during the current full school year? Yes No

- Maintaining said policy or policies in force shall be a parent/guardian responsibility

Note: Medical/Hospital coverage may be purchased through the school insurance program.

Emergency Information:

Insurance Company _____

Policy Number _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Emergency Contact Person _____

Emergency Phone # _____

(We), the undersigned, parents of , a minor, do hereby authorize School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

(We) hereby authorize any hospital which has provided treatment to the above named pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until _____, 200____, unless sooner revoked in writing or delivered to said agent(s).

AT OUT OF TOWN GAMES:

Emergency cases as determined by the coach-in-charge or team physician will be referred to the nearest available emergency medical facility.

Date _____ Parent/Legal Guardian _____