

Authorization to Treat a Minor

To Whom It May Concern:

I, the undersigned parent of _____, a minor, do hereby authorize and consent for any x-ray examination, anesthesia, medical and/or surgical diagnosis rendered under general or special supervision of any member of the medical staff or emergency room staff licensed under the provisions of the Medicine Practice Act, or dentist licensed under the provisions of the Dental Practice Act and on the staff of an acute general hospital holding a current license to operate a hospital from the State of California, Department of Public Health. 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 to render care which the aforementioned physician in the exercise of her/his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provision of section 25.8 of the Civil Code of California.

This consent shall remain effective through _____, 20__.

_____ Date _____, 20__.

Parent and Legal Guardian

Medical Insurance Information

Medical Plan: _____

Employee Name: _____

Employee ID #: _____

Employer: _____

Group No: _____

Emergency Medical Information

Physician Name: _____ Phone: _____

Above mentioned minor: _____ D.O.B. _____

Last Tetanus Toxoid Booster: _____

Allergies to drugs, food, insect bites, ect.: _____

Any Special Medications: _____

Pertinent Medical Information: _____