

# AUTHORIZATION FOR MEDICAL TREATMENT

(Conformed as to California Law)

I, (NAME OF PARENT OR GUARDIAN OF MINOR), am the parent or legal guardian of (NAME OF MINOR) (hereinafter "my child"), who was born on \_\_\_\_\_, \_\_\_\_\_.

My child is attending and participating in activities at (NAME OF ORGANIZATION) (hereinafter "this camp," "church," "school," etc.) located at: \_\_\_\_\_ in the City of \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_, beginning on the day of \_\_\_\_\_.

I hereby authorize the (SUPERVISOR/MANAGER/PASTOR/CAMP DIRECTOR) and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this (CAMP, CHURCH, SCHOOL, ETC.) into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child under Sections 6901, 6902, and 6910 of the California Family Code.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, 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 and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the (SUPERVISOR/MANAGER/PASTOR/CAMP DIRECTOR) and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this (CAMP, CHURCH, SCHOOL, ETC.) to receive physical custody of my child, under Section 1283 (a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the (SUPERVISOR/MANAGER/PASTOR/CAMP DIRECTOR) and his/her officers, agents, servants, or employees that are 18 years of age or older who supervise the activities at this (CAMP, CHURCH, SCHOOL, ETC.).

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the supervisor or his/her authorized designee, in the exercise of his/her best judgment, upon advice of such physician, dentist, and surgeon, may deem advisable.

Dated: \_\_\_\_\_, 2 \_\_\_\_\_.

Additional Information:

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)

Additional Information:

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Home Phone No.

\_\_\_\_\_  
Work Phone No.

\_\_\_\_\_  
Medical/Health Insurance Company

\_\_\_\_\_  
Insurance Policy No.

\_\_\_\_\_  
In case of emergency, notify

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Emergency Phone No.

\_\_\_\_\_  
Allergies/Allergic reactions of my child

\_\_\_\_\_  
Medicine being taken by my child

\_\_\_\_\_  
Other information regarding my child's health that a doctor should know

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