

**AUTHORIZATION TO CONSENT TO TREATMENT OF A
MINOR**

(I), (We), the undersigned parent(s) of _____,
a minor, do hereby authorize _____ as
agent(s) for the undersigned to consent to any x-ray examinations, 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 Medicine
Practice Act on the medical staff of _____
Hospital(s), whether such diagnosis or treatment is rendered at the office of said
physician or at said hospital.

The following insurance information is for the above referenced child:

Father's Employer: _____
Mother's Employer: _____
Group Plan through: _____
With: _____ Policy #: _____
Family Physician or Pediatrician: _____
Phone #: _(_____)_____

The above named child is currently taking _____
medication and is allergic to _____.

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 the
aforementioned physician in the exercise of the judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the
Civil Code of California.

This authorization shall remain in effect until _____.

Father's Name

Mother's Name

Legal Guardian

Dated

Witness

Witness