

## **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