

AUTHORIZATION TO TREAT A MINOR

I (We) The undersigned parent or legal guardian of _____ a minor, do hereby authorize and consent to any X-Ray examinations, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical practices Act or a Dentist licensed under the provisions of the Dental Practices Act, and the staff of any acute general hospital holding a current license to operate a hospital from the State of California. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power to render care which the aforementioned physician, in the exercise of best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the 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 provisions of section 25.8 of the Civil Code of California.

X _____ **Consent terminates 12/01/2010**
Signature of parent or guardian

Swimmer Name _____
LAST FIRST

Father _____
Name Home Phone Work Phone

Mother _____
Name Home Phone Work Phone

Last tetanus toxin booster : _____ Physical limitations _____

Allergies, Medications being taken _____

Has your child been treated for: ___ Rheumatic fever ___ Asthma ___ Epilepsy ___ Heat Disease ___ Ear Disease

Other _____

Emergency Contact _____
Name Relationship Phone

Physician _____
Name Group Phone

Insurance _____
Name Group# Phone