

ST. ANDREW PRESBYTERIAN CHURCH

Date _____

PARENTAL AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

Parent name _____ Parent name _____

Minor's name _____ Agent St. Andrew Presbyterian Church

The above-named Parent of the Minor has entrusted the Minor into the care of the Agent, an adult, for particular reasons and for the welfare of the Minor.

The Parent does hereby authorize the Agent, as agent for the undersigned to consent to any x-ray examination, 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 California Medical Practice Act or of the laws of the State of Country in which the medical care is being sought and on the medical staff of any hospital; or to consent to any x-ray examination, anesthetic, diagnosis, treatment or hospital care, dental or surgical diagnosis or treatment to be rendered to the minor by any dentist licensed under the California Dental Practiced Act or the laws of the State or Country, in which the dental care is being sought.

It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable.

The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California, and similar provisions of the laws of the State or Country in which the medical or dental care is being sought.

The Parent hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and similar provisions of the laws of the State ore Country in which the medical or dental care is being provided.

The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent under this authorization.

These authorizations shall remain effective for twelve months, unless sooner revoked in writing and delivered to Agent.

Date: _____ Parent Signature _____

Date: _____ Parent Signature _____

PERSONAL INFORMATION

Participant name _____

Home Address _____ Mailing (if different) _____

City _____ State _____ Zip _____ Home phone _____

Mom's work phone _____ Dad's work phone _____ Cell phone _____

School _____ Grade _____ Birthday _____

Person to be Contacted if Parent Can't be Reached _____

Address _____ Phone number _____

INSURANCE INFORMATION

Insurance Co. _____ Policy Number _____

Claim Office Address: _____

City _____ State _____ Zip _____ Phone Number _____

MEDICAL INFORMATION

Special Medical Conditions of Minor such as Diabetes, Allergic Reactions (including foods), Medications

Currently Using:

Doctors Name _____

Address _____ Telephone _____

CIVIL CODED OF CALIFORNIA. SECTION 25.8

Either parent, if both parents have legal custody, or the parent of the person having legal custody, or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act or to consent to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act.

HEALTH & SAFETY CODE. SECTION 1283(a)

No health facility shall surrender the physical custody of a minor under 16 years of age to any person unless such surrender is authorized in writing by the minor's parent or the person having legal custody of the minor.