



AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I (we) the undersigned parent(s) or legal guardian of: _____,
(Child Name)

a minor, do hereby authorize consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment, or 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 Medical Practice Act on the Medical Staff of Huntington Health Physicians, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that the authorization is given in advance of any specific diagnosis, treatment, of hospital care, being required but is given to provide specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best 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 effective until revoked in writing.

Effective Date: _____

Signature of Parent(s) or Legal Guardian(s): _____

Print Name: _____

Relationship to Patient: Mother Father Guardian Other (Explain)

Signature of Witness: _____