

HUNTINGTON MEDICAL FOUNDATION

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/ we, the undersigned, parent(s) of _____, a minor, do hereby consent to any radiologic examination, anesthetic, medical or surgical diagnosis or treatment, vaccinations, lab studies, 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 Medical Practice Act on the Medical staff of Huntington Medical Foundation, and such diagnosis or treatment at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any diagnosis, treatment or 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 or her best judgement 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.

Date ____/____/____

Name of Parent/Guardian #1 (print) _____

Parent/Guardian #1 (signature) _____

Name of Parent/Guardian #2 (print) _____

Parent/Guardian #2 (signature) _____

Legal Guardian's name (print) _____

Legal Guardian's signature _____

Witness name (print) _____

Witness's signature _____

Witness name (print) _____

Witness's signature _____