



Authorization to Consent to Treatment of Minor

DEPARTMENT & ACTIVITY

Department _____

Class/Activity _____

AUTHORIZATION TO CONSENT

(I) (We), the undersigned parent(s) of _____, a minor, do hereby authorize University of California, Santa Barbara Student Health Service or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, 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/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code §2000 et. seq.; or any X-ray examination, anesthetic, dental 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 dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code §1600 et. seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care 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 aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910.

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code §1283.

These authorizations shall remain effective until _____, 20____, unless sooner revoked in writing delivered to said agent(s).

Name of Parent/Guardian: _____

Name of Parent/Guardian _____

Address: _____

City: _____ State, Zip Code: _____

Home Phone: _____ Work Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____