



Laguna Presbyterian Preschool

AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parents or legal guardians of _____
A minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that 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.B of the Civil Code of California.

List any restrictions _____

Date _____ Signature of parent or legal guardian _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Birthdate: _____ This consent shall remain effective until _____
MONTH DATE YEAR

Last Tetanus Toxoid Booster: _____

Allergies to food or drugs: _____

Any special medication? _____

EmergencyPhone#:	_____	_____	_____
	FATHER	HOME	WORK/CELL
	MOTHER	HOME	WORK/CELL

Physician's Name: _____

Address: _____

Insurance Co.: _____

Policy & Group:# _____