

Form 2-3

**AUTHORIZATION FOR THIRD PARTY TO
CONSENT TO TREATMENT OF MINOR
LACKING CAPACITY TO CONSENT**

I am the parent

guardian

other person having legal custody _____
(describe legal relationship)

of (name of minor) _____, a minor.

I hereby authorize (name of agent) _____, to act as my agent to consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care which is recommended by, and to be rendered under the general or special supervision of, any licensed doctor or dentist, whether such diagnosis or treatment is rendered at the doctor's office or at a hospital.

I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority to the above-named agent to give consent to any and all such diagnosis, treatment, or hospital care which a licensed doctor or dentist recommends.

This authorization is given pursuant to provisions of Family Code Section 6910.

I hereby authorize any hospital providing treatment to the above named minor pursuant to the provisions of Family Code Section 6910 to surrender physical custody of the minor to the above-named agent upon the completion of treatment. This authorization is given pursuant to Health and Safety Code Section 1283.

These authorizations shall remain effective until (month and day) _____, 20____, unless sooner revoked in writing delivered to the agent named above.

Date: _____

Signature: _____
Circle relationship: parent/legal guardian/person having legal custody

Signature: _____
Parent

(Please fill out form on reverse of this page.)

MEDICALLY RELEVANT INFORMATION:

Minor's name: _____

Minor's birthday: _____

Allergies to drugs or foods: _____

Conditions for which minor is currently being treated:

Current medications: _____

Restrictions on activity: _____

Primary Care Physician (name and telephone number):

Insurance Company: _____

Mother's name: _____

Mother's address: _____

Mother's telephone numbers, include area codes:
Work _____ Home _____ Cell _____

Father's name: _____

Father's address: _____

Father's telephone numbers, include area codes:
Work _____ Home _____ Cell _____