

**Archdiocese of Los Angeles
Sacred Heart School**

625 West Kettering St., Lancaster, CA 93534, (661) 948-3613

Authorization to Consent to Treatment of Minors

(I) (We) the undersigned, parent(s) of:

Student's Name: _____ Grade _____

A minor do hereby authorize the head coach or Sacred Heart School employee of this specific sport in which the injury occurs and/or any licensed physician as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgeon diagnosis or treatment 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 Medicine Practice Act on medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given 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 the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.98 of the Civil code of California.

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

Father's/Legal Guardian's Signature Date

Mother's/Legal Guardian's Signature Date

This minor of covered _____
Family Insurance Company

School Insurance

Student's Name Age Name of Nearest Relative

Address Address

City/St/Zip Phone/Cell Number City/St/Zip Phone/Cell Number

Relationship

Medical Problems or allergies: _____

My child is in good health and there is no medical reason he/she may not participate in said sport.

Parent's/Legal Guardian's Signature _____

No student may attend or participate in any event without this signed Parent Authorization to Consent to Treatment of Minors. Permission by parents may not be given over the phone.