



In case of an accident or illness which is apparently serious, school authorities will act according to their best judgment for the welfare of your child. Emergency services available in the area may be utilized.

I (we) the undersigned parent, parents or legal guardian(s) of _____, a minor, do hereby authorize and consent to any emergency medical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed 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 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, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her 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 emergency treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

Parent/Guardian's Signature _____ Date _____

Other Parent/Guardian's Signature _____ Date _____

Child's Birthdate _____ Date of most recent tetanus booster _____

Allergies to drugs or foods _____

Any special medications or pertinent information _____

Telephones where parents may be reached:

Father Home Business

Mother Home Business

Family Physician Name Address Phone

Health Insurance Company _____ Policy No. _____