

Authorization of Consent for Treatment of a Minor

(I), (We), the undersigned parent(s)/guardian(s) having legal custody/legal guardianship of _____, a minor, do hereby authorize San Marcos High School as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general care of special supervision of, any physician and surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff of any hospital, whiter 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 to power on the part of our aforesaid agent to give specific consent o any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

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

(I) (We) hereby authorize any hospital, which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my above named agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until _____, 20__ unless sooner revoked in writing delivered to said agent.

Yes _____ No _____ The Team physician, Trainer and or Coach may apply first aid treatment until the family doctor, hospital, or paramedics can be reached
Yes _____ No _____ My consent is given to the Team Trainer, in conjunction with the Team Physician, to render treatment of appropriate sports injuries utilizing appropriate procedures/modalities.
Yes _____ No _____ My consent is given for Coaches, Trainer and/or Team Physician to use their own judgment in securing medical aid and ambulance service in case of an emergency if the parent(s)/guardian(s) cannot be reached.

Parent/Guardian (state relationship) Date

**Emergency Form
Parental Endorsement for the Care of a Minor**

Name _____ Date of Birth _____ Age _____

Adress _____ City _____ Zip _____

Father's Name _____ Phone (h) _____ Phone (w) _____

Mother's Name _____ Phone (h) _____ Phone (w) _____

Guardian's Name _____ Phone (h) _____ Phone (w) _____

In an emergency, if guardian cannot be contacted, notify _____ Ph _____

Physician (family) _____ Phone _____

(orthopedic) _____ Phone _____

Preferred emergency room _____ Hospital _____

Health History

Known allergies _____ Last tetanus shot _____

Current medications _____

Contact lenses Y N Asthma Y N Kidney injuries Y N Head injuries Y N Diabetes Y N

Heart Condition Y N Heat Stroke Y N Other _____