

AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR

(I)(We), the undersigned, parent(s) guardian(s) of _____, a minor, do hereby authorize CANTWELL SACRED HEART of MARY HIGH SCHOOL as agent(s) 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 special supervision of, any physician/or surgeon, licensed under the provisions of the Medical Practice Act of the medical staff of BEVERLY HOSPITAL or other such hospital that is nearby the accident, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital or elsewhere.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered and 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/surgeon in the exercise of his/her best judgment may, deem advisable.

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

(I)(We), hereby authorize any hospital that has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code to surrender physical custody of such minor to (my) (our) agent(s) upon completion of treatment.

This authorization is given pursuant to section 1283 of the Health and Safety Code of California.

This authorization shall remain effective until June 30, 2006 unless sooner revoked in writing and delivered to said agent(s).

Parent/Guardian Signature _____ **Date** _____

Please indicate any existing physical or medical conditions which the school should know about:

e.g. heart problem, diabetic, epilepsy, allergies vision or hearing difficulty, _____

THERE ARE TWO SIDES TO THIS RELEASE FORM. PLEASE COMPLETE OTHER SIDE!

CSHM High School Emergency Card • 2005-2006

Please Print Clearly!

Student's Name _____
First Last

Address _____ **City** _____ **Zip** _____

Home Phone # _____ **Birth Date** ____ / ____ / ____ **Grade in Fall 2005** ____

Dad's Name: _____ **Cell/Pager #** _____ **Work #** _____
First Last

Mom's Name: _____ **Cell/Pager #** _____ **Work #** _____
First Last

In case of emergency when neither parent can be reached, please notify:

Name Address Phone Relationship to Student

1) _____

2) _____

Name of Insurance Company _____ **Group #** _____ **Policy #** _____

PLEASE PROVIDE A PHOTOCOPY OF INSURANCE ID CARD

Permission for Participation in Interscholastic Athletics/Activities

I _____, The parent/legal guardian of _____

Do hereby grant my permission for my child/ward to participate in the interscholastic athletic/activities program at Cantwell-Sacred Heart of Mary High School in the following sports _____

THERE ARE TWO SIDES TO THIS RELEASE FORM. PLEASE COMPLETE OTHER SIDE!