

Authorization to Consent to Treatment of Minors

I/We , the undersigned, parent(s) of _____, a minor, do hereby authorize Catino Family Childcare and their staff 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 or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office or 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 aforementioned physician in the exercise of his/her best judgment may deem advisable.

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

I/We here by 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/our above-named agent(s) upon the completion of treatment. This authorization is given pursuant to the Section 1283 of the Health and Safety Code of California.

I/We will be financial responsible for any care give to mine/our above named minor.

These authorizations shall remain effective until _____, unless sooner revoked in writing delivered to said agent(s).

Mother/Guardian

Date

Father/Guardian

Date

Please note all allergy's or other important information on the back of this form.