



**Authorization for Agent to Consent to Medical Treatment of a Minor**

I am (check one) \_\_\_\_\_ a parent of / \_\_\_\_\_ a legal guardian of \_\_\_\_\_, who is a minor. If I am divorced from the minor's other parent, I have sole or joint legal custody of such minor.

I hereby authorize the Director of Canyon Creek Sports Camp or his authorized representative, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental 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 licensed physician and the medical staff of a licensed hospital, whether such examination, diagnosis or treatment is rendered at the office of said physician or at such hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our above-named agent(s) to give specific consent to any and all such examinations, diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 6910 of the California Family Code.

I hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 6910 of the California Family Code 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 California Health and Safety Code.

These authorizations shall remain effective until December 31, 2010.

\_\_\_\_\_ Camper's Name

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Printed Name

Daytime Telephone: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Cellular/Beeper: \_\_\_\_\_