Stanford Children's Health | Lucile Packard Children's Hospital Stanford

Authorization to Consent to Treatment of Minor

(I, We), the undersigned parent(s) of _____, a minor
Do hereby authorize any and all clinicians employed by Stanford Children's Health,
AND_____
(Name and Relationship – babysitter, relative, friend, etc.)

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 Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital or medical 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 or medical care which the aforementioned physician(s) 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.

Time Limitation: This authorization shall remain in effect until minor is 18 years of age, unless otherwise specified here: _____; or unless sooner revoked in writing delivered to said agent(s).

Care Limitations: Identify any limitations on the kinds of medical services for which this authorization is given: _____
_____

Contact Information: If the nature of the medical care is not routine, please try to contact me (us) regarding the health care of my (our) children at the following phone number(s). If you are unable to contact me (us), you may rely on said agent(s) for consent.

Parent's Name: _____

Phone number(s):_____

_____ _____
(Parent's Signature) (Date) (Witness) (Date)

_____ _____
(Parent's Signature) (Date) (Witness) (Date)

_____ _____
(Legal Guardian's Signature) (Date) (Witness) (Date)