

AUTHORIZATION AND CONSENT TO TREATMENT OF MINOR
(Pursuant to California Civil Code Section 25.8)

AND

MEDICAL INSTRUCTIONS

I/we, the undersigned Parent(s)Guardian(s) of _____,
(Student's Name)

a minor, do hereby authorize **BUNDY CANYON CHRISTIAN 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 provisions of the Medical Practice Act on the Medical Staff of a local hospital, whether 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 authority and power on the part of our aforesaid agent to give consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his best judgment may deem advisable. In the absence of parent or guardian, the above mentioned agent is authorized to make decisions concerning the positive health and welfare of this minor.

This authorization shall remain effective while the above minor is in the care of **BUNDY CANYON CHRISTIAN SCHOOL** until _____, 20____ or unless sooner revoked in writing, and delivered to said agent.

Date _____ Father **(Signature)** _____
Witness _____ Mother **(Signature)** _____
Witness _____ Legal Guardian **(Signature)** _____

Name and address of person who will care for the child in an emergency:

Name/Relationship _____	Address _____	Phone _____
Name/Relationship _____	Address _____	Phone _____
Name/Relationship _____	Address _____	Phone _____

Physicians Name _____ Address _____ Phone _____

MEDICAL INSURANCE:

Name of Insurance Company Subscriber ID/Policy/Group Number Telephone

*Please attach a copy of the child's medical card.

MEDICAL CONDITIONS/HEALTH DISABILITIES:

Please state any medical condition(s)/health disabilities that we need to be aware of _____
_____.

Please list all medication(s) your child may/will be taking while at school _____
_____.

Please explain exactly how medicine is to be administered by school staff and any other procedures we should follow _____
_____.

Date _____ Parent/Guardian **(Signature Required)** _____
Relationship _____