

## Authorization To Consent To Treatment

I (We), the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize adult volunteers of Crossroads Church as agents for the undersigned to consent to any medical or surgical care deemed advisable by and is rendered under, the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed 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 diagnosis, treatment or hospital care being required, but is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

Name & Phone # of Family Doctor \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

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