



# **Bayside Medical Group, Inc**

## **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 Bayside Medical Group, Inc., 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 agents(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 or 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(s):** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_

\_\_\_\_\_  
**(Parent's signature)** **(Date)** **(Witness)** **(Date)**

\_\_\_\_\_  
**(Parent's signature)** **(Date)** **(Witness)** **(Date)**

\_\_\_\_\_  
**(Legal Guardian's Signature)** **(Date)** **(Witness)** **(Date)**