

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned, parent(s) of _____ a minor, do hereby authorize Happy Days Learning Center as agent(s) of the undersigned to consent to and x-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis of 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 it 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 care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.B of the Civil Code of California.

(I) (We) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.B of the Civil Code of California to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of the treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until _____ unless sooner revoked in writing delivered to said agent(s).

Date

Parent

Home Telephone

Business Telephone

Legal Guardian

Birth Date _____

Allergies _____

Last tetanus _____

Family Doctor _____

Telephone _____

Nearest Relative
(other than above) _____

Telephone _____