



THE
HOWARD SCHOOL

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

Child's Name _____

Date _____

Parent's Name _____

Authorizing Signature _____

I, the undersigned, parent of _____ a minor, do hereby authorize The Howard School as agent for the undersigned to consent to any x-ray exam, 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 EMT, paramedic, first aid station, nurse, physician or surgeon, licensed under the provisions of the Medical Practice Act on the medical staff on any accredited hospital, whether such diagnosis or treatment is rendered at the office of said 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 to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

In case of emergency, and the parents cannot be reached, contact:

_____ Phone (H) _____
Cell _____

Family Physician: _____ Phone _____

Medical History:

Date of last tetanus shot: _____

Allergic to: Bee stings _____ Peanuts _____

Penicillin or other medications _____

Asthma? _____ If so, what medications? _____

Please inform the school in writing of any pertinent medical information (include any significant injuries, special medications, limitations, or other special problems).