

# AUTHORIZATION FOR THIRD PARTY TO CONSENT TO TREATMENT OF MINOR LACKING CAPACITY TO CONSENT

Pt. Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 MRN: \_\_\_\_\_

(I) (We), the undersigned, parent(s) or legal guardian of minor listed below, do hereby authorize *(insert name of authorized third party)* \_\_\_\_\_ into whose care the below named minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or 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 Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or 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 person named above to give specific consent to any and all diagnosis, treatment, or hospital care which the aforementioned physician, meeting the requirements of this authorization, may in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California.

(I) (We) hereby authorize Sansum Clinic to surrender physical custody of such minor upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health & Safety Code of California.

This authorization shall remain in effect until *(insert date)* \_\_\_\_\_ unless sooner revoked in writing and delivered to Sansum Clinic.

Minor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>Print Name:</b>	<b>Relationship to patient:</b>
<b>Signature:</b>	<b>Date:</b>

<b>Print Name (2):</b>	<b>Relationship to patient (2):</b>
<b>Signature (2):</b>	<b>Date (2):</b>

<b>Witness - Print Name:</b>	
<b>Signature:</b>	<b>Date:</b>

*Sansum Clinic does not and shall not discriminate on the basis of race, color, national origin, ancestry, age, sex, sexual orientation, marital status, religion, disability or any other characteristic protected by law. See more at SansumClinic.org.*