

AUTHORIZATION FOR TREATMENT OF A MINOR

Laguna Hills High School Instrumental Music

Student Last Name	First Name

I (we) the undersigned parent(s) or legal guardian of the above-named minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act. 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 to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is also understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Should any responsible school representative be unable to contact the undersigned after a reasonable attempt has been made, the undersigned hereby delegates to the responsible school representative the right to authorize medical or surgical care that is reasonably considered essential.

Student information

Date of birth	
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Current Medications	

Allergies	

Insurance Company	
Policy/Group Number	

Emergency Contact

Name		Phone #	
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Print Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian