Helendale School District
Medical Information
Authorization To Consent To Treatment Of Minor

MEDICAL INFORMATION

Please write: **M=Mild, Mo=Moderate, S=Severe, or LT= Life Threatening**

_____ Diabetes _____Allergies _____Fainting Spells

_____Epilepsy _____Asthma _____Heart Condition

_____Attention Deficit _____Bee Sting Allergy _____Other: _____

_____Food Allergy: _____

Physician Name: _____ Phone: _____

Hospital Preference: _____

INSURANCE INFORMATION

Insured: _____

Primary: _____ Phone: _____ ID#: _____ Group #: _____

Secondary: _____ Phone: _____ ID#: _____ Group #: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I/We), the undersigned, parent(s) of _____ a minor, do hereby authorize the Helendale School District or its designee as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of a physician, dentist, or at a hospital. We further authorize the hiring of an ambulance or other emergency vehicle to transport, at my/our expense, such minors to a suitable place where medical or dental care is provided.

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 a physician or dentist in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California, and after a reasonable attempt has been made to contact the parent(s).

This authorization shall remain effective until revoked in writing and delivered to said agent.

Parent/Guardian Signature _____Date _____