RIVERSIDE MEDICAL CLINIC

Authorization For Third Party To Consent To Treatment Of Minor Lacking Capacity To Consent

Riverside Medical Clinic
Administration
3660 Arlington Ave., Riverside, CA 92506
Customer Relations (951) 782-3602

I am the ☐ Parent

☐ Guardian

☐ Other person having legal custody _____
(describe legal relationship)

of *(name of minor)*_____, a minor.

I hereby authorize *(name of agent)*_____ , to act as my agent to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care which is recommended by, and to be rendered under the general or special supervision of, any licensed doctor or dentist, whether such diagnosis or treatment is rendered at the doctor's office or at a hospital.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority to the above-named agent to give consent to any and all such diagnosis, treatment, or hospital care which a licensed doctor or dentist recommends.

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

I hereby authorize any hospital providing treatment to the above-named minor pursuant to the provisions of Family Code Section 6910 to surrender physical custody of the minor to the above-named agent upon the completion of treatment. This authorization is given pursuant to Health and Safety Code Section 1283.

These authorizations shall remain effective until *(month and day)*_____, 20_____, unless sooner revoked in writing delivered to the agent named above.

Date:_____Time:_____AM / PM

Signature: _____

Print name: _____

MEDICALLY RELEVANT INFORMATION

Minor's Name: _____

Minor's date of birth: _____

Allergies to drugs or food: _____

Conditions for which minor is currently being treated:_____

_____

Current medications: _____

Restrictions on activity: _____

Primary care physician *(name and telephone number)*: _____

_____

Insurance Company: _____

Mother's name: _____

Mother's address: _____

Mother's telephone numbers: _____

(work) *(home)* *(other)*

Father's name: _____

Father's address:_____

Father's telephone numbers:_____

(work) *(home)* *(other)*