

**CONSENT BY PERSON HAVING CARE OF MINOR**  
**Section 6910 of the "Family Code of California"**  
**and further defined in Section 6900**

The parent or guardian (either parent if both parents have legal custody, or the parent or person having legal custody, or the guardian, of a minor) may authorize in writing an ADULT LEADER(S) as agents into whose care a minor has been entrusted to consent to medical care (X-Ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act.) Or dental care (X-Ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by a dentist licensed under the Dental Practice Act.), or both, for the minor.

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 agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his best judgment may deem advisable.

DATE: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Parent or Guardian)

Witness: \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

NAME (print): \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

OR

NAME (print) : \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHYSICIAN (print name) \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

Company or Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Company/agent's phone number: :(\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_