

## AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor (the "Minor"), acknowledge that the Minor is or will be attending and participating in baseball programs, practices, games, events and other activities (collectively, "Baseball Activities") provided, organized and/or sponsored by, on behalf of, or through Wintersburg Presbyterian Church of Garden Grove ("WPC").

In connection with any Baseball Activities, the undersigned hereby authorizes WPC and each of its directors, officers, elders, employees, personnel, agents, and other representatives who are 18 years of age or older, each as agent(s) for the undersigned, to consent to: (i) any x-ray examinations, 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/or surgeon licensed under the provisions of the California Medical Practices Act; and/or (ii) any x-ray examinations, anesthetic, dental 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 dentist licensed under the provisions of the California Dental Practices Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code section 6910.

The undersigned hereby authorizes any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code section 6910, to surrender physical custody of such minor to any of the above said agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code section 1283.

**The Minor has no allergies or special medical or dental needs other than those listed below (if none is listed, then there is none):**

- 1.
- 2.
- 3.

The authorizations set forth herein shall remain effective until \_\_\_\_\_, 20\_\_\_\_, unless sooner revoked in writing delivered to WPC at 2000 N. Fairview St., Garden Grove, CA 92706 or any of the above said agent(s).

Name of Parent/Guardian: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, CA Zip Code: \_\_\_\_\_