



## Antelope Valley Learning Academy AUTHORIZATION FOR CONSENT TO TREATMENT

(We) (I), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize a designated representative of the Antelope Valley Learning Academy, as agents for the undersigned to consent to an e-ray examination, an anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of, any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization 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 our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

We hereby authorize any hospital, which has provided treatment of the above-named pursuant to the provision of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to our above named agents upon the completion of treatment. This authorization is given pursuant 1283 of the Health and Safety Code of California.

It is understood that primary medical costs incurred by the above named minor are to be covered by the parent's or guardian's insurance in case of any accident. A secondary source might be the insurance of the driver of an automobile accident.

We as parents or guardians, shall indemnify, hold free and harmless, assume liability for and defend the Antelope Valley Learning Academy, its agents, servants, employees, officers and directors or by actions of omission by our (my) child.

This consent form will be used for medical emergencies at school and in conjunction with the Release of Liability form for school-related activities or field trips.

Parent's or Guardian's Signature:

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent or Guardian Printed Name

\_\_\_\_\_  
Address  
(\_\_\_\_\_) \_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Health Insurance

\_\_\_\_\_  
Group Number

List any known allergies or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_