Trillium Charter School

• 1464 Spear Ave. Arcata, CA 95521 • (707) 822-4721 • FAX 822- 7054 •

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

(I) (We), the undersigned parent(s) of _____, a minor, do hereby authorize Trillium Charter School as agent for the undersigned to consent to any X-ray, examination, anesthetic, medical surgical diagnosis or treatment, and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on 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 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 Trillium Charter School to give specific consent to any and all such diagnosis, treatment, or hospital care that aforementioned physician in the exercise of his/her judgment may deem advisable.

(I) (We) hereby authorize any hospital that has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to Trillium Charter School upon the completion of treatment. This authorization is given pursuant to section 1283 of the Health and Safety Code of California.

These authorizations shall remain in effect through June 15, 2015, unless revoked in writing delivered to Trillium Charter School, or change of enrollment status of aforementioned student.

_____ _____

Parent/Guardian Signature Date

Child's DOB: _____Doctor: _____ Dentist: _____

Allergies: _____

Chronic Illnesses: _____

Medications: _____ Date last Tetanus: _____

Insurance Policy Name: _____ Number: _____

Insured's Name _____