



Authorization to Consent to Treatment of Minor

Department of Recreation

Summer Youth Programs

(I) (We), the undersigned parent(s)/guardian(s) of , a minor,
Minor's First & Last Name
do hereby authorize University of California, Santa Barbara Student Health Service or attending medical personnel as agent(s) for the undersigned to consent to 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 Medical Practices Act, California Business and Professions Code B2000 et. seq.; or any X-ray examination, 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 Dental Practices Act, California Business and Professions Code 31600 et. seq.

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 our 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 B6910.

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code B6910, to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code B1283.

These authorizations shall remain effective until _____, 20____, unless sooner revoked in writing delivered to said agent(s).

Mail this form to:
Recreation
UCSB
Santa Barbara, CA 93106-3025
or
Turn in to staff on first day of program

Program (s) your child is participating in (ie swim lessons, summer day camp)

Name of Health Insurance Provider

Policy #

Name of Parent/Guardian (please print)

Phone Number

Signature of Parent/Guardian

Date