

Parental Consent for Medical/Dental Treatment and Authorization Form Prospect Sierra School

Emergency Medical and Dental Treatment

While your child is in our care, an accident or emergency illness may occur which requires immediate attention without sufficient time to contact parents. The California Legislature has authorized consent in advance by parents or legal guardian for such treatment (Section 25.8 of Civil Code). Below we afford you the opportunity to choose whether the authorization permitted by that Statute shall or shall not be given respecting your child.

Authorization to Consent to Treatment of a Minor

We hereby authorize the Prospect Sierra School representative or such substitute as she may designate from time to time as our agent(s) to consent to any X-ray examination, 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 and surgeon licensed under the provisions of the Medicine Practice Act or to consent to any X-ray examination, anesthetic, dental 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 dentist licensed under the provisions of the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, hospital or otherwise.

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

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain effective until revoked.

CHECK ONE:

We hereby authorize PROSPECT SIERRA SCHOOL to engage for our child at our expense any necessary emergency medical or dental care, until we can be informed and can make further arrangements. In this connection we hereby incorporate by reference the "Authorization to Consent to Treatment of a Minor" as set forth above.

We expressly withhold such authorization.

Student Name

Date

Signature of Parent or Guardian

Authorization

The information on the Student Information Form (either enclosed or completed on-line) is correct and complete. The school is authorized to rely and act on the information in that form, including the authorization to release my/our children to the specified individuals in the event of a disaster.

Date

Signature of Parent or Guardian