

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

While your child is in our care, an accident or emergency illness may occur which requires attention without sufficient time to contact parents. Every effort will be made to contact parents or a person designated on the emergency health form. The California Legislature has authorized consent in advance by parents or legal guardian for such treatment (Section 25.8 of Civil Code).

(I) (We), the undersigned, parent(s) of _____, a minor, do hereby authorize **Redwood Coast Montessori** as agent for the undersigned 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 Medical 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 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 dental, 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 the 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 best judgment may deem advisable.

(I) (We) hereby authorize any hospital that has provided treatment to the above-named minor pursuant to the provision of Section 25.8 of Civil Code of California to surrender physical custody of such minor to Redwood Coast Montessori 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 effective through **July 12, 2026**, unless sooner revoked in writing delivered to Redwood Coast Montessori.

Date

Parent/Guardian Signature

Child's Birthdate: _____ Doctor: _____ Dentist: _____

Chronic Illnesses: _____ Allergies: _____

Medications: _____ Date/Last Tetanus: _____

Name & No. of Med. Insurance Policy: _____

Insured's Name: _____

Please return this consent form to Redwood Coast Montessori. This form will only be used in case of an emergency.