



HOLY FAMILY ATHLETICS

Buzz Cook, Athletic Director; bcook@holyfamily.org

CONSENT TO TREAT

I / We, the undersigned, parents of _____, a minor, do hereby authorize Holy Family School as agents 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 Medicine Practice Act on the Medical Staff of Huntington 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 our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician 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. This authorization shall remain in effect until June 15, 2018 unless sooner revoked in writing to delivered said agent(s).

Dated: _____

Parent: _____

Telephone #: _____