

MEDICAL CONSENT AUTHORIZATION

Pursuant to California Family Code §6910, I/we, _____ and _____
(parents), having legal custody of _____ and _____ (minor children),
hereby authorize _____ and _____ (adult persons) into
whose care such minor children have been entrusted from _____ to _____, to
consent to any X-ray examination (or any similar examination such as by CAT scan), anesthetic,
medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the
general or special supervision and upon the advice of a physician and surgeon licensed under the
provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or
surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under
the provisions of the Dental Practice Act.

I/We accept all financial responsibility and to pay any and all costs for the foregoing. My
medical insurance provider is _____ and my insurance certificate number
and/or group number is _____. A copy of that insurance card is attached to
this Medical Consent Authorization.

Dated: _____

Signed: _____

Signed: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

)

County of _____)

On _____, 2020, before me, _____, a notary public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)