

**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 \_\_\_\_\_, 2023, 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.

(Seal)

Signature \_\_\_\_\_