

Authorization To Consent To Treatment of Minor

(I)(We), the undersigned, parent(s) of _____, a minor, do hereby authorize **Sahag-Mesrob Armenian Christian School Staff** as agent(s) 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 or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any 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 authorization 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 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.

(I)(We) hereby authorize any physician or hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my)(our) above named agent(s) upon the completion of treatment. This authorization shall remain effective until revoked in writing delivered to said agent(s).

Parent's or Legal Guardian's signature _____ **Date** _____

Authorization for Activities Off the School Grounds

I hereby consent to have my child participate in field trips supervised by the teaching staff away from the school grounds. I understand that the students will be transported by car pool or school bus.

I hereby authorize **Sahag-Mesrob Armenian Christian School** to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified **PHYSICIAN**, called by Sahag-Mesrob Armenian Christian School may treat and do whatever is necessary for the health and well-being of my child.

It is understood that a conscientious effort must be made to notify me (the parent) before such action will be taken.

I, also, agree to accept responsibility for the cost of above medical services.

Mother's signature _____ **Date** _____

Father's signature _____ **Date** _____

(A copy of this form is the same as an original!)