

MEDICAL RELEASE

(I) (We) the undersigned, parent(s)/person having legal custody/legal guardian of _____ a minor, do hereby authorize David Kissner, Stacy Kissner or other volunteer 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 and surgeon licensed under the provisions of the Medical Practice Act or 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 authority or power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirement of this authorization, may, in the exercise of his/her best judgment, 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 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 to such minor to (my) (our) above-named agent(s) 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 for the dates listed on the attached permission slip, unless revoked in writing, delivered to said agent(s).

Parent/Legal Guardian/Person Having Legal Custody Date
If signed by other than parent, indicate relationship: _____
Contact info: Phone Number(s) _____
Insurance _____ Policy # _____
Doctor _____ Phone # _____

Allergies /Medications/Limitations: _____
