AUTHORIZATION FOR AGENT
TO CONSENT TO MEDICAL TREATMENT OF A MINOR

I authorize Lori Tennant to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care of

Student's Name:	
Date of Birth:	

deemed advisable by a licensed physician and surgeon and provided by that physician or under that physician's supervision, regardless of where that treatment is provided.

This authorization is made under Family Code §6910.

Signed: _____

Dated: _____

Please specify relationship to minor: [ ] Parent with legal custody

[ ] Guardian with legal custody