

PARENT'S CONSENT (Parent/Guardian)

For youth volunteers (ages 14-17), parental consent is required.

AUTHORIZATION FOR CONSENT TO TREATMENT OF A MINOR

I, the undersigned parent/legal guardian of _____, a minor, do hereby authorize Kern Medical's Emergency Department and Medical Staff as agent(s) for the undersigned to consent to any x-ray examination, 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 on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of 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 and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provision of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my above named agent(s) under 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 until said minor is no longer in the Junior Volunteer Program at Kern Medical.

I am aware of the various tasks that my daughter/son will be required to perform. I give permission for my daughter/son to receive all necessary tests and/or vaccinations, including TB tests, as part of her/his health clearance for volunteer work within Kern Medical. I understand that as a Junior Volunteer, photos of my child may be used for recognition and marketing purposes. I understand the responsibility my son/daughter is taking on and will encourage his/her promptness and regular attendance as promised.

Minor's Name (Please Print)

Parent/Legal Guardian (Please **PRINT**)

Parent/Legal Guardian (Please **SIGN**)

Print Home Address

City, State, Zip

Home Phone Cell #

Work or Alternate Phone Number

Minor's Date of Birth

Minor's Social Security Number

Name of Minor's Physician/Phone Number

Today's Date