

# Authorization to Treat Minor

Name of Player: \_\_\_\_\_ School Grade for 2011-12: \_\_\_\_\_

Parent/legal guardian of the above West Los Angeles Lacrosse player, a minor, does hereby authorize and consent to any x-ray, physical examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any emergency general hospital holding a current license to operate a hospital from the State of California Department of Public Health. 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 to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Date: \_\_\_\_\_

Parent or Guardian of the Player (please print): \_\_\_\_\_

Signature of the Player's Parent or Guardian: \_\_\_\_\_

Cell # \_\_\_\_\_ 2<sup>nd</sup> Contact's Cell # \_\_\_\_\_

Player's Doctor's Name and Tel. #: \_\_\_\_\_

Player's Medical Ins. Carrier and Policy #: \_\_\_\_\_