



Surfside Pediatrics

2601 E Main St, Ste 200

Ventura, CA 93003

Phone (805) 643-7500 Fax (805) 643-7510

www.surfsidepeds.com

reception@surfsidepeds.com

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I hereby authorize _____ (an adult into whose care the minor has been entrusted) to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care of _____ (name of minor) deemed advisable by a licensed physician and surgeon and provided by that physician or under that physicians' supervision, regardless of where that treatment is provided.

This authorization is made under Family Code 6910.

Signature _____

Relationship to minor mother father legal guardian _____

Date _____