

**Form #2: CALIFORNIA STATE UNIVERSITY, NORTHRIDGE  
Summer Academic Program for Elementary School Students  
AUTHORIZATION TO TREAT A MINOR**

I, (we) the undersigned parent, parents or legal guardian of (student's name) \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute 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, given in advance of any specific diagnosis, treatment or hospital care being required, 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.

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

\_\_\_\_\_  
List any restrictions

\_\_\_\_\_  
Signature of Father, Mother or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

*This consent shall remain effective until **July 30, 2010.***

Birthdate \_\_\_\_\_ Last Tetanus/Diphtheria Booster \_\_\_\_\_

Allergies to Drugs or Foods \_\_\_\_\_

Any Special Medications or Pertinent Information \_\_\_\_\_

***Telephones Where Parents Can Be Reached***

Father (Name): \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Mother (Name): \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_

***Emergency Contacts:***

Name: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

**Please mail form within one (1) week of registering for classes to:**

Department of Elementary Education  
California State University, Northridge  
18111 Nordhoff St.  
Attention: SAPESS, Box 49  
Northridge, CA 91330-8265  
(818) 677-2621; (818) 677-5723 Fax

SAPESS office: Sierra Hall 120 (Opens June 21)  
(818) 677-4886; (818) 677-4885 Fax  
Email: [sapess@csun.edu](mailto:sapess@csun.edu)