

**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 **June 27, 2011** until **July 29, 2011**.*

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:

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