

## Fremont National Youth Baseball AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parents or legal guardian of \_\_\_\_\_ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis render the under general or special supervision of any member of the medical staff and emergency room staff licensed under the provision of Medicine Practice Act or Dental licensed under 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 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 exercise of his 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 to the provisions of section 25.8 of the Civil Code of California

Date	Signature of Father, Mother, or Legal Guardian
ADDRESS	HOME PHONE
BIRTHDATE _____	LAST TETANUS TOXIOD BOOSTER _____
ALLERGIES (DRUGS OR FOODS) _____	
SPECIAL INFORMATION _____	

### IN CASE OF EMERGENCY PLEASE CONTACT

FATHER	WORK#	CELL#	HOME#
MOTHER	WORK#	CELL#	HOME#
GUARDIAN NAME	WORK#	CELL#	HOME#
FAMILY PHYSICIAN	NAME	ADDRESS	PHONE#
INSURANCE COMPANY	NAME OF COMPANY	POLICY #	

IT IS STRONGLY RECOMMENDED THAT EACH CHILD HAVE A  
PHYSICAL EXAMINATION PRIOR TO SPORTS PARTICIPATION