**AUTHORIZATION TO CONSENT**

**TO MEDICAL/DENTAL CARE OF MINOR**

*California Family Code Section 6910*

I authorize, , (an adult into whose care the minor has been entrusted) to consent to medical treatment of

, a minor. For the purposes of this authorization, medical treatment is defined as:

1. X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act; and
2. X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by a dentist licensed under the Dental Practice Act.

This authorization is made pursuant to California Family Code Section 6910.

**Signature**: Date:

Print Name:

Relationship to minor:

* **Parent with legal custody**

* **Guardian with legal custody**

* **Relative with Caregiver Affidavit** (Family Code Section 6550)

A photocopy or facsimile of this document shall have the same effect as the original.