

Wheatland Union High School
1010 Wheatland Road, Wheatland, CA 95692-9798
(530) 633-3100 Fax (530) 633-3109

PIRATE STUDENT/ATHLETICS

AUTHORIZATION FOR TREATMENT OF A MINOR

Note: This authorization form is approved by the California Hospital Association.

(We), the undersigned, parent (s)/guardian (s) of _____
minor, do hereby authorize the faculty member of Wheatland Union High School supervising the
activity concerned, as agent for the undersigned to consent to any x-ray examination, anesthetic,
medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to
be rendered under general or special supervision of any physician and surgeon licensed under
provision of such diagnosis or treatment is rendered at the office of said physical or at said
hospital.

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 authorization and power on the part of our
aforesaid agent to give the aforementioned physician in the exercise of his/her best judgment as
he/she may deem advisable. This authorization is given pursuant to the provision of Section 25.89
of the Civil Code of California. **This authorization shall remain in effect until June 30, 2006,
unless revoked sooner in writing delivered by said agent.**

Date: _____ Father's Signature: _____

Witness: _____ Mother's Signature: _____

OR Legal Guardian: _____

Name/Address/Phone of Doctor: _____

Parent Telephone: Work: _____

Home: _____

Coach: Retain this form for your records, and have with you during all athletic activities.

Athletic Director: Dave Contreras