



**AUTHORIZATION TO CONSENT MEDICAL TREATMENT OF MINORS**

The undersign (parent/guardian) of \_\_\_\_\_ who is \_\_\_\_\_ years old, hereby authorizes the medical, counseling and athletic training staff of College of the Canyons, as agents for the undersigned to consent to any diagnostic procedure (including x-ray), to administration of any counseling, medical, surgical treatment, or to any hospital care when any or all foregoing is deemed advisable by and is to be rendered under the general supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act.

This authorization is given in advance of any specific diagnosis, treatment, medical care being required, and pursuant to the provisions of Section 25.8 of the California Civil Code.

Print Name \_\_\_\_\_  
(parent or guardian)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_  
(parent or guardian)