

CONSENT TO TREATMENT

CONSENT TO TREATMENT OF MINOR

"IN THE EVENT OF SUDDEN ILLNESS, ACCIDENT OR INJURY WHICH MAY OCCUR WHILE SAID MINOR IS ENGAGED IN AN ACTIVITY SUPERVISED BY THE CITY OF LOMPOC PARKS AND RECREATION DEPARTMENT, THEIR REPRESENTATIVES, AGENTS OR ASSIGNEES ARE AUTHORIZED, WHEN NEITHER PARENT, GUARDIAN OR DESIGNATED FAMILY PHYSICIAN CAN BE CONTACTED, TO SEEK MEDICAL TREATMENT AND CARE AS SHALL BE NECESSARY UNDER THE CIRCUMSTANCES BY ANY PHYSICIAN LICENSED UNDER THE LAWS OF THE STATE OF CALIFORNIA. I HEREBY GIVE MY CONSENT PURSUANT TO CALIFORNIA CIVIL CODE #25.8 FOR EMERGENCY TREATMENT AS SHALL BE NECESSARY UNDER THE CIRCUMSTANCES BY ANY PHYSICIAN LICENSED UNDER THE LAWS OF THE STATE OF CALIFORNIA."

Signature of Parent

Dated

TREATMENT INFORMATION

Family Physician:

Telephone:

Insurance Carrier: _____ Type of Coverage:

Pertinent Medical History Information: (Epilepsy, Diabetes, Allergies, Etc.)