

**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)