

CSU, CHICO RESEARCH FOUNDATION
AUTHORIZATION TO TREAT A MINOR

In the event that my son/daughter becomes ill or sustains an injury while in the care or under the supervision of the _____ program (name of program), operated through the CSU, Chico Research Foundation, any of the adult supervisors of the activity is given my permission to administer first aid for his/her relief.

If it is not practical to return him/her to me or to receive my instructions for his/her care: I, the undersigned parent or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and emergency hospital care, which is deemed advisable by and is rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to provision of Section 25.8 of the Civil Code of California.

I further agree to not hold the above-named program or the CSU, Chico Research Foundation liable for the medical aid rendered and will make reimbursement for the medical or other expenses incurred for the care of the named minor.

Parent/Legal Guardian Signature: _____ Date: _____

Relationship to Minor: _____

Medical Insurance Information:

Name of Insurance Company: _____ Policy #: _____

Name of Insured: _____

Medical Information:

Allergies to drugs or foods: _____

Required medications & frequency: _____

Date of last Tetanus Booster: _____

Are there any activity limitations or special needs?: _____

Any previous illness/injury that should be taken into consideration? _____

Emergency Contact and Pick Up Information:

Name: _____ Phone #: _____ Relationship: _____

In the event a parent/guardian cannot be reached, please indicate relatives or family friends who may be contacted in an emergency or for pick up.

Alternates:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____