



AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

2012 Cardinal Kids Camp

I/We, the undersigned, parent(s)/guardian(s) of _____ a minor, do hereby authorize, Stanford University Staff, as agents for the undersigned, to consent to an X-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and/or surgeon licensed in any of the United States, or, if in a foreign country and no physician licensed to practice in any of the United States is reasonably available, by a duly licensed physician deemed competent to render the necessary.

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 authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforesaid physician in the exercise of his or her best judgment may deem advisable.

I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided by Stanford.

This authorization shall be valid and effective from _____, 2012 until _____, 2012 unless revoked sooner in writing delivered to Stanford.

I understand that in order to provide timely and effective medical attention to a minor Stanford has requested the completion of the attached Voluntary Health History Information.

I understand that this form is voluntary and I () elect to, () elect not to complete this form.

Signature:

Name Printed (Parent/Guardian):

Please submit all forms by email or fax to:
Jessica Fitting
Reunion Homecoming Registration Associate

Email: jfitting@stanford.edu
Fax: (650) 724-1552

Questions? (650) 724-3717

