



**AUTHORIZATION FOR MEDICAL
TREATMENT OF MINORS**

NAME OF MINOR

DATE OF BIRTH

I / We, being of the parents or legal guardian(s) of the above named minor, do hereby appoint the Westmont College Sports Medicine staff to act in my / our behalf in authorizing necessary medical, dental, surgical care, and hospitalization for the above named minor until said minor reaches the legal age of eighteen.

PARENT OR GUARDIAN'S SIGNATURE

DATE

PARENT OR GUARDIAN'S SIGNATURE

DATE

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical, or hospitalization may occur.