MEDICAL RELEASE FORM AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent, parents or legal and consent to any x-ray, examination, anesthe any member of the medical staff and emergence dentist licensed under the provisions of the Decurrent license to operate a hospital from the Sauthorization is given in advance of any specifical authority and power to render care which the advisable. It is understood that the effort shall patient, but that any of the above treatment with	etic, or surgical diag by room staff license ntal Practice Act an state of California D ic diagnosis, treatmo aforementioned phy l be made to contact ll not be withheld if	mosis rendered under the gend under the provisions of the don the staff of any acute generated the period and the staff of any acute generated the period acute of Public Health. The ent or hospital care being recession, in the exercise of his the undersigned prior to resisted undersigned cannot be resisted.	e Medicine Practice Act or a neral hospital holding a It is understood that this quired but is given to provide best judgment, may deem ndering treatment to the eached.
THIS AUTHORIZATION IS GIVEN PURSUANT	TO THE PROVISION	NS OF SECTION 25.8 OF THE	CIVIL CODE OF CALIFORNIA
ADDRESS	CITY	STATE	ZÎP
TELEPHONES: FATHER:	-/-/	/	
MOTHER: FAMILY PHYSICIAN:			
ADDRESS		PHONE	
MEDICAL INSURANCE COMPANY:		POLICY #: —	.0
MINOR'S DATE OF BIRTH:		LAST TETANUS BOOSTER: _	0
ALLERGIES TO DRUGS OR FOODS:			<u> </u>
ANY SPECIAL MEDICATIONS OR INFORMATION—	LIST ANY RESTRICTI	ONS:	,
	vest	ra,	
SIGNATURE OF PARENT OR LEGAL GUARDIAN	I		DATE

PLEASE RETURN by January 9, 2015 TO:

Southern California School Band & Orchestra Association 1902 Wright Place, Suite 200 Carlsbad, CA 92008