

CONSENT TO TREATMENT OF MINOR

To the Hermosa Beach Sister City Association (HBSCA) and to whom it may concern:

I, undersigned, parent/guardian of _____, a minor child, do hereby consent to any x-ray examination, anesthetic, medial or surgical diagnosis or treatment and hospital care which is deemed advisable by and it to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act of by the Mexican or United States government and selected or approved by the adult(s) accompanying said minor child on a cultural student exchange trip to Mexico, whether such diagnosis or treatment is rendered at the doctors office of said physician or at a hospital.

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 for any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the Sate of California, United States of America. This authorization shall remain in effect until April 30th of this year, unless sooner revoked in writing delivered to said agencies.

Please list and explain in the space blow any medical complications including any known allergies that should be made known to a physician administering treatment.

Print name of **Father** (or legal guardian):

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Signature: _____ Date: _____

Must be signed and affirmed in the presence of a Notary Public

State of California)
County of Los Angeles)

On _____ before me, (here insert name and title of the officer), personally appeared

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

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Please list and explain in the space blow any medical complications including any known allergies that should be made known to a physician administering treatment.

Print name of **Mother** (or legal guardian):

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Signature: _____ Date: _____

Must be signed and affirmed in the presence of a Notary Public

State of California)
County of Los Angeles)

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who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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