

**Authorization For Third Party To Consent to Medical Care of a Minor  
(California Family Code Section 6910 and Applicable Nevada Law)**

- 1) I am the parent/person having legal custody of \_\_\_\_\_, a minor. I hereby  
Name of minor  
authorize \_\_\_\_\_, as my agent, to consent to any medical care,  
Name of adult transporting or accompanying minor  
surgical diagnosis or treatment, x-ray examination or hospital care for \_\_\_\_\_  
Name of minor  
which is deemed advisable by and is to be rendered under the general or special supervision of any  
physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of  
any hospital, whether such diagnosis is rendered at the office of said physician or at said hospital.
- 2) 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 to the above-named agent to give specific  
consent to any and all such diagnosis, treatment, or hospital care which a physician meeting the  
requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.
- 3) This authorization is given pursuant to the provisions of Family Code section 6910.
- 4) I hereby authorize any hospital which has provided treatment to the above named minor to surrender  
physical custody of such minor to the above-named agent following treatment given pursuant to the  
provisions of Family Code section 6910. This authorization is given pursuant to Health and Safety  
Code section 1283.
- 5) This authorization for third party to consent to medical care of a minor is also applicable to medical care  
required in the state of Nevada pursuant to the applicable provisions of Nevada law.

This authorization shall remain in effect until \_\_\_\_\_, unless sooner  
Date when the transporting of minor will end  
revoked in writing and delivered to the agent.

\_\_\_\_\_  
Name of parent/legal guardian (printed)

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date