☐ Hoag Medical Group ☐ Hoag Urgent Care ☐ Hoag Physician Partners ☐ Hoag Concierge Medicine ☐ Hoag Specialty Clinic

AUTHORIZATION FOR THIRD PARTY TO CONSENT TO THE TREATMENT OF A MINOR

***On certain occasions families may wish their child to be brought to our office by someone other than the parent/legal guardian. In these circumstances, written consent is required. If you think that there's a possibility another adult (grandparent, nanny, step-parent, etc.) may bring your child to our office, then please complete and sign this form*.**

______________________________	______________________________
PATIENT LAST NAME (PLEASE PRINT)	PATIENT FIRST NAME (PLEASE PRINT)
______________________________	______________________________
DATE OF BIRTH	MRN

I, the undersigned, parent/legal guardian/person having legal custody of ____________________ do hereby authorize __________________________ (List additional persons below) as agent(s) to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by, and is to be rendered under the general or special supervision of licensed provider employed by the Hoag entity selected above and affiliates, when such diagnosis or treatment is rendered at the office of said provider.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority to the above-named agent(s) to give specific consent to any and all such diagnosis or treatment which the provider, in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of California Family Code 6910.

This authorization shall remain effective until ____/____/20____, unless sooner revoked in writing.

______________________	______________________	________________
PRINT NAME	SIGNATURE	DATE/TIME

Relationship to minor:

- ☐ Parent (If parents share medical decision-making authority, both parents must sign this form. If applicable, please see signature line below.)
- ☐ Legal Guardian
- ☐ Other person having legal custody. Describe legal relationship to minor: _________________

***Additional authorized third parties list below:**

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