

**Authorization to Consent to Treatment to Minor 2010-2011**

(I) (We), the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby authorize the hospital most accessible during the time of accident or illness, or any *Cross Creek Christian School* employee as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of said hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said 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 on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

\_\_\_\_\_ Date                      \_\_\_\_\_ Signature of Father or Mother or Legal Guardian (circle one)

The undersigned, for himself/herself and/or his/her spouse, if applicable, and their child(ren), does hereby release, remise, discharge, acquit, and hold harmless, Cross Creek Christian School and/or all persons(s) associated with Cross Creek Christian School from any and all liability, suits, causes of action, and/or claims that might arise due to personal injury sustained by the above named student.

**PLEASE READ THE ABOVE RELEASE OF LIABILITY AND MEDICAL TREATMENT AUTHORIZATION BEFORE SIGNING**

\_\_\_\_\_ Date                      \_\_\_\_\_ Signature of Father or Mother or Legal Guardian (circle one)

