Chico State Enterprises

Authorization to Treat a Minor

In the event that my son/daughter becomes ill or sustains an injury while in the care or under the supervision of the program (name of program), operated through the Chico State Enterprises, any of the adult supervisors of the activity is given my permission to administer first aid for his/her relief.

If it is not practical to return him/her to me or to receive my instructions for his/her care:
I, the undersigned parent or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and emergency hospital care, which is deemed advisable by and is rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to provision of Section25.8 of the Civil Code of California.

I further agree to not hold the above-named program or the Chico State Enterprises liable for the medical aid rendered and will make reimbursement for the medical or other expenses incurred for the care of the named minor.

Parent/Legal Guardian Signature:_____Date: _____

Relationship to Minor: _____

Medical Insurance Information

Name of Insurance Company: _____ Policy #: _____
Name of Insured:_____

Medical Information

Allergies to drugs or foods: _____
Required medications & frequency: _____
Date of last Tetanus Booster: _____
Are there any activity limitations or special needs?

_____
_____

Any previous illness/injury that should be taken into consideration?

_____
_____

Emergency Contact and Pick up Information

Name:_____ Phone #:_____ Relationship:_____
In the event a parent/guardian cannot be reached, please indicate relatives or family friends who may be contacted in an emergency or for pick up.

Alternates:

Name:_____ Phone #:_____ Relationship:_____

Name:_____ Phone #:_____ Relationship:_____

Name:_____ Phone #:_____ Relationship:_____