

# ARMY AND NAVY ACADEMY



## CONSENT TO MEDICAL TREATMENT OF A CADET/CAMPER Parent or Legal Guardian to Complete Form

\_\_\_\_\_

**Cadet/Camper Name**

\_\_\_\_\_

**Date of Birth**

I \_\_\_\_\_ the parent or legal guardian of above said named Cadet/ Summer Camper. I have placed my son/daughter in the care of the Army and Navy Academy. There is no court order now in effect that would prohibit me from conferring the power to consent to my son's/daughters medical treatment upon another person. Under the authority of Family Code section 6910, I hereby authorize the President of the Army and Navy Academy, or his designee, to act as my agent to consent to medical or dental care including transportation by ambulance, any diagnostic procedure, X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care which is recommended by, and to be rendered under the general or special supervision of, any licensed doctor or dentist, whether such diagnosis or treatment is rendered at the doctor's office or at a hospital.

I hereby authorize any hospital providing treatment to the above-named minor pursuant to the provisions of Family Code Section 6910 to surrender physical custody of the minor to the above-named agent upon the completion of treatment. This authorization is given pursuant to Health and Safety Code Section 1283.

I understand 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 consent to any and all such diagnosis, treatment, or hospital care which a licensed doctor or dentist recommends. These authorizations shall remain effective until the end of the academic school year unless sooner revoked in writing delivered to the agent named above.

The Army and Navy Academy is not held responsible for medical bills accrued while Cadet is under the care of the Academy.

**In case of joint custody, BOTH parents are required to sign this form.**

\_\_\_\_\_

**Print name of Parent/ Legal Guardian**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Parent/ Legal Guardian**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Print name of Parent/ Legal Guardian**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Parent/ Legal Guardian**

\_\_\_\_\_

**Date**