MONTES MEDICAL GROUP, INC.

Authorization to Consent to the Treatment of a Minor

At Montes Medical Group, we treat the security of your child's health very seriously. We must, therefore, have on file a copy of this contract if you would like to authorize an adult other than the parent or legal guardian to attend medical examinations with your child.* Under California law, your child cannot be seen if this contract is not completed.

I (We), the undersigned parent(s) / legal guardian(s) of _____,
Patient's Name (Last, First)

do hereby authorize

1. _____ _____
Name of Authorized Agent (Last, First) Relation to Patient

2. _____ _____
Name of Authorized Agent (Last, First) Relation to Patient

3. _____ _____
Name of Authorized Agent (Last, First) Relation to Patient

to act as agent (s) for the undersigned 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, any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

These authorizations shall remain effective until _____ unless sooner revoked in
Date

writing and delivered to Montes Medical Group, Inc.

_____ _____ _____;
Parent/Legal Guardian's Printed Name Parent/Legal Guardian's Signature Date

_____ _____ _____;
Parent/Legal Guardian's Printed Name Parent/Legal Guardian's Signature Date

PARENTS/LEGAL GUARDIANS MUST BE PRESENT
FOR PHYSICAL EXAMINATIONS AND THE ADMINISTRATION OF VACCINATIONS.