

Please fill out this form if you anticipate an adult, other than the parent/legal guardian, (ie: babysitter, relative, nanny) may be bringing your child to the office for a visit.

Peninsula Pediatric Medical Group

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT
OF A MINOR OTHER THAN PARENT**

I hereby authorize _____
(adult **(not parent)** into whose care the minor has been entrusted)
to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or
treatment and hospital care of.

(name and address of minor)
deemed advisable by a licensed physician and surgeon and provided by that
physician or under that physician's supervision, regardless of where that
treatment is provided.

This authorization is made under Family Code §6910.

Signed _____ Date _____

Print name _____

Please specify relationship to minor:

parent with legal custody

guardian with legal custody