

**MEDICAL AUTHORIZATION FORM  
FAMILY VACATION CENTER**

**This form must be completed and signed by the parent or legal guardian for each vacationer under the age of eighteen attending the Family Vacation Center:**

I, \_\_\_\_\_, parent/legal guardian of the child(ren) listed below, who is a guest at the Family Vacation Center Program (agent), do hereby authorize the administration of emergency medical treatment in my absence, as may be necessary in the opinion of a licensed medical practitioner for the health of the child(ren) named below including authorization for the staff to transport the child(ren) to the campus health center or local medical facilities. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code B6910. I hereby authorize any hospital, which has provided treatment to the child(ren) listed below pursuant to the provisions of California Family Code B6910, to surrender physical custody of such minor to my above-named agent upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code B1283.

Parent's Emergency Cell Phone Number: \_\_\_\_\_

**Child Name:** \_\_\_\_\_

**Child Name:** \_\_\_\_\_

**Child Name:** \_\_\_\_\_

**Child Name:** \_\_\_\_\_

**Child Name:** \_\_\_\_\_

**Parent/Legal Guardian Signature X** \_\_\_\_\_ **Date** \_\_\_\_\_