WINE COUNTRY AQUATICS OF NAPA
WCAN
www.wcanswim.org

AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR

I, the undersigned parent of the minor listed below, do hereby authorize **The WCAN Coaching Staff** , an adult person who has been entrusted as an agent for the undersigned to consent to any X-Ray, Examinations, Anesthetic, Medical, Surgical Treatment and Hospital Care which is deemed advisable by and rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Minor's Name: _____

Birthday:	Insurance:
Physician:	Physician Phone:
Allergies:	Restrictions:
Prior Injuries:	Other Information:
Father:	Mother:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-Mail Address:	E-Mail Address:
Legal Guardian:	Other Contact:
Phone:	Phone:

_____ _____

Signature **Date** **Witness** **Date**