

**COUNTY OF LOS ANGELES  
DEPARTMENT OF PARKS AND RECREATION  
JUNIOR LIFEGUARD PROGRAM**

**AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR**

I (We) the undersigned, parent(s)/guardian(s) of \_\_\_\_\_, a minor, do hereby authorize all representatives of the Los Angeles County Department of Parks and Recreation as agent(s) for the undersigned, to consent to any examination, X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the provisions of the Medical Practice Act or the medical staff of any accredited hospital, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

It is understood that effect shall be made to consent the undersigned prior to the rendering of treatment to the patient, but that none of the above treatments shall be withheld if the undersigned cannot be reached.

This authorization shall remain effective during the summer of Junior Lifeguards, unless sooner revoked in writing and delivered to said agent(s).

\_\_\_\_\_  
Signature of Parent or Guardian                      Date                      Daytime Phone #

**IN COMPLIANCE WITH CONSENT MANUAL, CALIFORNIA HOSPITAL ASSOCIATION.**

Insureds Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Information:** Please include known allergies (*asthma*), allergic (*bee stings*), reactions, special medications medical problem/conditions. **If none exist, please write NONE in the space above.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_