



AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned, parent(s)/Legal guardian of _____ a minor, do hereby authorize LOYOLA HIGH SCHOOL AND/OR ITS EMPLOYEES, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 our aforesaid agent 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. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. **This authorization shall remain effective until June 1, 2022.**

Father's Signature

Date

Mother's Signature

Primary Emergency Phone #

Legal Guardian's Signature

Second Emergency Phone #

Health Insurance Carrier

Policy # / Group #

PARENTAL PERMISSION AND RELEASE FORM

I request that LOYOLA HIGH SCHOOL allow my son/daughter _____ to participate in Loyola's current production with crew sessions and performances held on campus in the Berendo Music Center and in Hannon Theatre. This authorization will remain in effect throughout rehearsals, performances, and strike. In consideration for my son's/daughter's participation, I hereby waive responsibility for LOYOLA HIGH SCHOOL AND ITS AGENTS and assume full responsibility for any damage, accident or injury that may occur to my son/daughter, named above, while he/she participates in the above-named production. Therefore, I assume all risks inherent in my son/daughter's participation in the above-named production.

Signature of Parent or Guardian

Date

Name (Print)

Permission to dispense Tylenol: Yes No

On the reverse side or in a separate signed document, please indicate if there are any medical concerns that should be brought to our attention concerning the on-going health of your son/daughter. These may include (but are not limited to) medications he/she takes on a daily basis, allergies to medicine or insect bites, and any history of a chronic or life-threatening illness.