



## Authorization for Third Party To Consent for Treatment of Minor

I, the undersigned, parent/person having legal custody/legal guardianship of \_\_\_\_\_, a minor, do hereby authorize the staff and/or volunteers of Metropolitan Educational Theatre Network ("MET2"), as agent(s) 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, whether such diagnosis or treatment is rendered at a physician's office, medical group, clinic or hospital. I understand that although care is reviewed and supervised by a physician, actual care may be rendered by physician extenders (i.e., physician assistants, nurse practitioners).

It is understood that this authorization, given pursuant to the provisions of Civil Code Sec. 25.8, and made in advance of any specific diagnosis, treatment or hospital care being required, is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

I hereby authorize any physician's office or hospital which has provided treatment to the above-named minor pursuant to the provisions of Civil Code Sec. 25.8 to surrender physical custody of such minor to my above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Health and Safety Code Sec. 1283.

This authorization shall remain effective until the arrival on the scene of the parent(s)/person having legal custody/legal guardianship of above-named minor child (or their designee) at which time the staff and/or volunteers of Metropolitan Educational Theatre Network will no longer be responsible for decisions regarding diagnosis and/or treatment of above-named minor child.

This authorization shall remain in effect through the rehearsals and performances in which the above named minor is participating, unless sooner revoked in writing.

I agree to indemnify and hold harmless MET2, its employees and volunteers, from and against any and all liability for any injury which may be suffered by the above named minor during rehearsals and/or performances conducted by MET2.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

Special Medical Considerations \_\_\_\_\_

(ADD, ADHD, prone to nose bleeds, allergies to food or medicine, diabetes, etc.)

Preferred Hospital \_\_\_\_\_

Name of Physician \_\_\_\_\_ phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ I.D. number \_\_\_\_\_

Participant's Birthdate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_