

**LABCC SUMMER CAMP
AUTHORIZATION FOR THIRD PART TO CONSENT TO MEDICAL
CARE OF A MINOR**

(California Family Code Section 6910)

I am the parent / person having legal custody of _____
Minor's name

I authorize _____ to consent to appropriate medical
care or treatment (as defined in California Family Code Section 6902) for
_____ in the event that I cannot be contacted.
Minor's name

Name of parent / legal guardian (print name)

Signature of parent / legal guardian

Date