

ST. JOSEPH HOSPITAL
BURBANK, CALIFORNIA

DATE _____

TO: ST. JOSEPH HOSPITAL

IN CASE OF MY ABSENCE FROM THE CITY OR THE INABILITY TO REACH ME IN CASE AN EMERGENCY, I HEREBY AUTHORIZE A PHYSICIAN TO GIVE WHATEVER CARE, IN THEIR OPINION, IS NECESSARY TO MY MINOR CHILD,

CHILD'S FULL NAME _____ BIRTHDATE _____

AND FOR THEM TO HAVE THE AUTHORITY TO CONSULT WITH PHYSICIANS OF THEIR CHOICE IF NECESSARY.

I HEREBY CONSENT TO THE PERFORMANCE OF EMERGENCY CARE AND/OR HOSPITALIZATION, INCLUDING THE PERFORMANCE OF AN OPERATION WITH WHATEVER ANESTHESIA IS NECESSARY, AT THE DISCRETION OF THE SURGEON AND THE ANESTHESIOLOGIST. THIS AUTHORIZATION IS GOOD UNTIL REVOKED BY ME.

Father's Signature

Mother's Signature