PARENT’S DELEGATION OF AUTHORITY
TO CONSENT TO MEDICAL OR DENTAL TREATMENT OF MINOR CHILD

I, the undersigned parent, legal guardian, or person having legal custody of
______________________, a minor child, do hereby authorize the child’s
supervisor,__________________, or the Associate Vice President of Human
Resources of the California Institute of Technology, or an agent or employee
acting in their behalf in connection with the child’s employment, to act as agents
for the undersigned to consent to any x-ray examination, anesthetic, medical or
surgical diagnosis or treatment and hospital care to be rendered to said minor
child under the general supervision of a physician and surgeon licensed under
the provisions of the California Medical Practice Act or any x-ray examination,
anesthetic, dental or surgical diagnosis or treatment and hospital care to be
rendered to said minor child by a dentist licensed under the provisions of the
California Dental Practice Act.

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 the said agents to give specific consent to
any and all such diagnosis, treatment, or hospital care which a physician and
surgeon or dentist in the exercise of his or her best judgment may deem
advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the
California Civil Code.

Revised 05/09/2017
This authorization shall remain effective until ______________ unless sooner revoked in writing and delivered to the Associate Vice President of Human Resources, California Institute of Technology, Pasadena, and CA 91125.

Date: ________________ ________________

*Parent

At Caltech, California ________________

Legal Guardian/Person Having Custody

*The signature of parent, the legal guardian, or the person having legal custody is required.