



**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.

This authorization shall remain effective until _____, 20____ 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 _____ California _____
Legal Guardian/Person Having Custody

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