AUTHORIZATION FOR CONSENT TO TREATMENT OF MINOR (For Lifeguards)

(I) (We), the undersigned, parent(s) or legal guardia a minor, do hereby authorize East Bay Regional Parconsent to any pre-employment physical examination treatment and hospital care which is deemed advisupervision of any physician or surgeon licensed unstaff. FOR WORK INJURIES: Kaiser On-the-Job (designated personal physician, or the nearest hospit FOR PRE-EMPLOYMENT PHYSICALS: Kaiser On-	k District and its employ on, x-ray examination, ar sable by, and is to be re der the provisions of the not all Kaiser sites have (al (for emergencies only)	nesthetic, medical or surgical diagnosis endered under the general or special Medicine Practice Act on the medical Occupational Medicine Clinics), a pre-
It is understood that this authorization is given in ad required but is given to provide authority and power any and all such diagnosis, treatment or hospital care best judgment may deem advisable.	on the part of our afore	said agent(s) to give specific consent to
It is understood that the East Bay Regional Park I judgment of the physician, and assumes no responsi	• •	· - /
This authorization is given pursuant to the provision	ns of Section 25.8 of the	Civil Code of California.
This authorization shall remain effective until March or the date this authorization is revoked in writing a		
Date: Parent's Signat	ure:	
OR Legal Guardian's Signature:		(Parent with legal custody)
Minor's Personal Information:		
Birthday	Last Tetanus Shot	
Allergies to Drugs or Foods		
Medicine Child is Taking		
Continuing Health Problems		
Telephones where parents or legal guardians, person	onal physician and closest	relative may be reached:
Mother's Name (or legal guardian) (Print above)	Home Phone	Business and/or Cell Phone
Father's Name (or legal guardian) (Print above)	Home Phone	Business and/or Cell Phone
Doctor's Name (Print above)	Business Telephone	·
Closest Relative's Name (Print above)	Home Phone	Business and/or Cell Phone OVER

I. <u>Instructions to Minor</u>

Returning Lifeguards:

You must request your parent(s) or legal guardian to complete the reverse side of this form, <u>AND</u> you must present the original form as follows: to your supervisor on or before the first day of work (or at check-in), and a copy to the medical provider for your pre-employment physical examination (if your parent or guardian is not present).

New Lifeguards:

You will receive two copies of this form. You must request your parent(s) or legal guardian to complete the reverse side of these forms. One of these forms must be presented to the Human Resources Division at check-in. You will keep the other copy of the form to provide to the clinic for your pre-employment physical examination (if your parent or guardian is not present).

II. <u>Instructions to Aquatic Supervisor</u>

For Returning Lifeguards:

- 1. Submit a copy of this form to Human Resources with the Personnel Change Form (PCF) and other required hiring documents.
- 2. You must retain the original document at the location where named minor is employed, <u>AND</u> you should ensure that your staff is aware that this form must be presented to the medical provider in the event of a work-related injury.

For New Lifeguards:

- 1. The original form will be provided to you by the Human Resources Division to maintain while the employee is attending the Lifeguard Academy.
- 2. When the named minor is placed at a facility, the original form must be provided to the Lifeguard III (Head Lifeguard) at the location where the minor is employed, AND you should ensure that your staff is aware that this form must be presented to the medical provider in the event of a work-related injury.