

**AUTHORIZATION FOR CONSENT TO TREATMENT OF MINOR (For Lifeguards)**

(I) (We), the undersigned, parent(s) or legal guardian of \_\_\_\_\_  
a minor, do hereby authorize East Bay Regional Park District and its employees as agent(s) for the undersigned to consent to any pre-employment physical examination, x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff. FOR WORK INJURIES: Kaiser On-the-Job (not all Kaiser sites have Occupational Medicine Clinics), a pre-designated personal physician, or the nearest hospital (for emergencies only).  
FOR PRE-EMPLOYMENT PHYSICALS: Kaiser On-the-Job or Muir/ Diablo.

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 our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

It is understood that the East Bay Regional Park District and its employees will be relying upon the advice and judgment of the physician, and assumes no responsibility for the quality of care rendered by the physician.

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

This authorization shall remain effective until March 31, 2013, or the last day of employment during the 2012 season, or the date this authorization is revoked in writing and delivered to said agent(s), whichever occurs first.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_  
*(Parent with legal custody)*

OR Legal Guardian's Signature: \_\_\_\_\_

Minor's Personal Information:

Birth day \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_

Allergies to Drugs or Foods \_\_\_\_\_

Medicine Child is Taking \_\_\_\_\_

Continuing Health Problems \_\_\_\_\_

Telephones where parents or legal guardians, personal 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. Instructions to Minor**

### Returning Lifeguards:

You must request your parent(s) or legal guardian to complete the reverse side of this form, **AND** 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. Instructions to Aquatic Supervisor**

### 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, **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.

### 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.