



# LONG VALLEY HEALTH CENTER

50 Branscomb Road • P. O. Box 870 • Laytonville, California 95454

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## AUTHORIZATION FOR THIRD PARTY TO CONSENT TO TREATMENT OF MINOR LACKING CAPACITY TO CONSENT

(I) (We) the undersigned, parent(s)/person having legal guardianship of

\_\_\_\_\_. A minor, do hereby authorize  
(name of minor)

\_\_\_\_\_ as agent(s) for the undersigned  
(name of agent)

to consent to treatment which is deemed advisable by, and is to be rendered by any provider of Long Valley Health Center.

It is understood that this authorization is given in advance of any specific diagnosis or treatment required but is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis or treatment which a provider meeting the requirement of this authorization, may, in the exercise of his/her judgement, deem advisable.

This authorization is given pursuant to the provisions of Family Code section 6910.

These authorizations shall remain effective until \_\_\_\_\_, 20\_\_\_\_, (a date not to exceed twenty-four months from date of signature), unless sooner revoked in writing

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/legal guardian