



**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

NAME OF MINOR: \_\_\_\_\_

I, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED MINOR [& DESIGNATED ON THE PARTICIPANT RELEASE ON THE REVERSE SIDE OF THIS DOCUMENT], DO HEREBY AUTHORIZE THE AMERICAN JU-JITSU ASSOCIATION, THE SPONSORING AGENCY, THEIR OFFICIALS, OR THEIR DESIGNATED REPRESENTATIVE [AS DESIGNATED ON THE REVERSE SIDE OF THIS DOCUMENT] AS AGENT FOR THE UNDERSIGNED TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE WHICH IS DEEMED ADVISABLE BY, AND IS RENDERED UNDER THE GENERAL OR SPECIAL SUPERVISION OF ANY PHYSICIAN AND SURGEON LICENSED UNDER THE PROVISIONS OF THE MEDICINE PRACTICE ACT ON THE MEDICAL STAFF OF A LICENSED HOSPITAL, WHETHER SUCH DIAGNOSIS OR TREATMENT IS RENDERED AT THE OFFICE OF SAID PHYSICIAN OR AT SAID HOSPITAL.

IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT, OR HOSPITAL CARE REQUIRED, BUT IS GIVEN TO PROVIDE AUTHORITY AND POWER ON THE PART OF THE AFORESAID AGENT TO GIVE SPECIFIC CONSENT TO ANY AND ALL SUCH DIAGNOSIS, TREATMENT OR HOSPITAL CARE WHICH THE AFOREMENTIONED PHYSICIAN IN THE EXERCISE OF HIS BEST JUDGEMENT MAY DEEM ADVISABLE.

I REALIZE THAT EVEN WITH A COMBINATION OF INSURANCE POLICIES THERE MAY BE ADDITIONAL MEDICAL EXPENSES NOT COVERED BY INSURANCE AND AS THE PARTICIPANT'S PARENT OR GUARDIAN, I MUST ASSUME ANY AND ALL FINANCIAL RESPONSIBILITY BEYOND WHAT ANY INSURANCE POLICIES MAY PROVIDE. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE MEDICAL EMERGENCY INFORMATION ON THE OTHER SIDE OF THIS FORM FOR THE PARTICIPANT IS TRUE AND COMPLETE.

THIS AUTHORIZATION IS GIVEN PURSUANT TO THE PROVISIONS OF SECTION 69.10 OF THE FAMILY CODE OF THE STATE OF CALIFORNIA. THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL REVOKED IN WRITING AND SUCH WRITTEN REVOCATION IS DELIVERED TO SAID AGENT THE SPONSORING AGENCY, OR ITS AUTHORIZED REPRESENTATIVE.

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SIGNATURE OF PARENT OR LEGAL GUARDIAN                      DATE                      WITNESS SIGNATURE                      PRINT NAME