

**Authorization for Consent to Treatment of a Minor
Summer Family Program 2019**

I/We, the undersigned, parent(s)/guardian(s) of _____ ,
_____, _____ , _____ a minor, do
hereby authorize SAA Sierra Programs LLC (Stanford Sierra Camp & Conference Center and Stanford
Alpine Chalet) as agents for the undersigned, to consent to an X-ray, examination, anesthetic, medical
or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be
rendered under the general or specific supervision of a licensed physician.

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
aforesaid physician in the exercise of his or her best judgment may deem advisable.

I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment
provided at the consent of SAA Sierra Programs LLC.

This authorization shall be valid and effective from _____, 2019 until _____, 2019
unless revoked sooner in writing delivered to SAA Sierra Programs LLC.

Name Printed (Parent/Guardian)

Signature

Family Name

Family Physician

City, State, Phone

Allergies

Medical Problems

Last Tetanus Shot