



Bethany Charter School

**AUTHORIZATION TO TREAT A MINOR**

I (WE) the undersigned parent(s) / legal guardian of \_\_\_\_\_  
(a minor) do hereby authorize and consent to any X-Ray examination, anesthetic,  
medical or surgical diagnosis rendered under the general or special supervision of any  
member of the medical staff and emergency room staff licensed under the provisions of  
the Medicine Practice Act or a Dentist Licensed under the provisions of the Dental  
Practice Act and or the staff of any acute general hospital holding a current license to  
operate a hospital from the State of Oregon (or Washington) departments of Public  
Health.

It is understood that this authorization is given to provide authority and power to render  
care, which the afore mentioned physician in the effort shall be made to contact the  
undersigned prior to rendering treatment to the patient, but that any of the above  
treatment will not be withheld if the undersigned cannot be reached.

List any restrictions:

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_