



MEDICAL CENTER

250 Market St. San Diego, Ca. 92101

Medical Authorization for Minors

I, _____, the parent of or legal guardian
of _____, a minor, do hereby authorize any one or more of
_____, _____ or

_____, as agents for myself in my absence or incapacitation to
consent to any x- ray examination and anesthetic, medical or surgical diagnosis or treatment and
medical 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 Medical Practice Act on
the medical staff of the Gaslamp Medical Center whether or not such diagnosis or treatment is
rendered at the office of Alfredo Quinonez M.D.

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

I hereby authorize Gaslamp Medical Center which has provided treatment to the above- named minor
to surrender physical custody of such minor to the above - named agents upon the completion of
treatment.

These authorizations shall remain effective until _____, _____.

Signature of Parent or Legal Guardian: _____

Date: _____