The City of SAN DIEGO

Name of Minor: _____

Date of Birth: _____

Employee Personnel Number: _____

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

_____(name of minor under 18 years of age) is employed by the City of San Diego in the _____ (City department or office).

I provide my authorization for the minor to be given immediate medical treatment and transportation to a medical facility, as necessary, in the event of an accident, injury, or sudden illness while the minor is working for the City of San Diego. I understand that the City of San Diego will attempt to contact the minor's emergency contact person(s) to the extent reasonably feasible under the circumstances. I agree to be financially responsible for all medical treatment and transportation costs for the minor, not otherwise covered by insurance or workers' compensation, in the event of an accident, injury, or sudden illness while the minor is working for the City of San Diego.

This authorization shall expire upon the termination of the minor's employment with the City of San Diego or upon the minor reaching the age of 18, whichever is earlier.

Parent/Guardian Signature: _____Dated: _____

Print Name of Parent/Guardian: _____

Cell Phone: _____ Work/Home Phone: _____