



Medical Care for Children

Adult Children. Once your child is 18 years of age, you cease to have the right to authorize medical treatment for your child. Thus, if your child was incapacitated in an accident, you would not automatically be able to make medical decisions for your child. You should urge your children who are age 18 or over to sign a Durable Power of Attorney for Health Care.

Minor Children. When you are out of town, and your minor children remain in town in the care of a nanny, housekeeper, friend or relative, a child of yours may face an emergency medical situation. You may be unreachable for an extended time. Of course, you should leave the name and telephone number of the child's physician and dentist with the caretaker, so that they could be called in case of a medical emergency. However, the physician or dentist cannot treat your child (other than certain emergency procedures) without proper authorization, and the person with temporary custody of your child does not automatically have the right to authorize medical treatment of your child. Fortunately, California law allows a parent to sign a document to authorize another person having temporary custody of a minor child to made medical decisions for the child. California Family Code Section 6910. For more information on medical treatment of minors, visit the website of the [California Medical Association](#).

The following form can be used to authorize your child's caregiver to act on your behalf:

MEDICAL CARE AUTHORIZATION

Pursuant to California Family Code §6910, I, _____, a parent having legal custody of _____, a minor child, hereby authorize _____, an adult person into whose care such minor child has been entrusted, to consent to any X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. I agree to pay any and all costs for the foregoing. My medical insurance provider is _____ and my insurance certificate number and/or group number is _____.

Dated: _____

Signed: _____