I am the parent/guardian of a student attending Stanford High School Summer College. This Medical Treatment Release Form will remain in effect for the duration of this program, which takes place from June 18, 2016 through August 14, 2016 (or August 21, 2016, if enrolled in a 9-week course).

I hereby authorize the representative of Stanford High School Summer College to act as my agent to consent to any X-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care which is recommended by, and to be rendered under the general or special supervision of, any licensed doctor or dentist, whether such diagnosis or treatment is rendered at the doctor’s office, medical clinic, or a hospital.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority to the above-named agent to give consent to any and all such diagnosis, treatment, or hospital care which a licensed doctor or dentist recommends. This authorization is given pursuant to the provisions of Family Code Section 6910.

I hereby authorize any medical facility providing treatment to the above-named student pursuant to the provisions of Family Code Section 6910 to surrender physical custody of the patient to the above-named agent upon completion of the treatment. This authorization is given pursuant to Health and Safety Code Section 1283.

Student’s Name (please print)  Parent/Guardian’s Name (please print)

Date  Parent/Guardian’s Signature