

Name of child (children) _____

Date

Dear East Bay Pediatrics:

In the event that during our absence at any time, any illness or accident should happen to either (or any) of our children, which in your opinion shall necessitate x-rays, a surgical operation or operations, the giving of anesthetic, or any other surgical or medical treatment, we hereby consent to the taking of x-rays, performance of such operation or operations, the giving of such anesthetic, or giving of such treatment by you or by any surgeon or physician designated by you.

We would, of course, expect that you would communicate with us in the event of any serious accident or illness if practicable to do so, and that you would act under this consent only in an emergency, but at the same time, we want to make it clear that you are to be the sole judge of the practicability of communication, or the existence of an emergency and of the necessity of an operation or operations, or other treatment.

You are authorized to call an ambulance if necessary. If hospitalization is necessary, please take the child to Children's Hospital. We hereby assume all financial responsibility for such service.

This consent shall continue in force until we give you written notice of its revocation.

Yours very truly,

Parent _____

Parent _____

/u/word/txconsent