



(949) 951-KIDS (5437)

Sea View Pediatric Medical Associates, Inc.

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

(I) (We), the undersigned parent(s)/guardian(s) to: _____ a minor, do hereby authorize Sea View Pediatric Medical Associates, Inc. as agent for the undersigned to consent to any examination, medical diagnoses or treatment which is deemed advisable and is to be rendered at the office.

The authorized is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Parent or Guardian (Print)

Parent or Guardian (Signature)

Witness

Date

23521 Paseo de Valencia Ste #200 Laguna Hills, CA 92653
5 Journey Ste # 140 Aliso Viejo, CA 92656
1031 East Avenida Pico Ste #106 San Clemente, CA 92673
15785 Laguna Canyon Rd Ste #120 Irvine, CA 92618