

Timothy J. Elfelt, M.D., F.A.C.O.G.
Charles C. Yang, M.D., F.A.C.O.G.
Debra Kay Lebo, D.O., F.A.C.O.O.G.
Elizabeth LoCascio, D.O., F.A.C.O.O.G.



Joseph E. Glaser, M.D., F.A.C.O.G.
Tammy Lynn Hayton, M.D., F.A.C.O.G.
Kendra G. Jones, M.D., F.A.C.O.G.

TEMECULA VALLEY OB/GYN MEDICAL ASSOCIATES, INC.

"A Practice Specializing in Women's Health Care"

**AUTHORIZATION FOR AGENT TO CONSENT
TO MEDICAL TREATMENT OF A MINOR**

I hereby authorize _____ (an adult into whose care the minor(s) has been entrusted) to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care of

_____ (name(s) and address of minor(s)) deemed advisable by a licensed physician and surgeon and provided by that physician or under that physician's supervision, regardless of where that treatment is provided.

This authorization is made under Family Code §6910.

Signed: _____

Dated: _____

Print Name: _____

Please specify relationship to minor:

parent with legal custody

guardian with legal custody