



BELL TOWER LANGUAGE ACADEMY

3116 W. Main St – Alhambra – CA – 91801

Phone: (626) 943 – 9970 – info@belltowerschool.com

Consent For Medical Treatment

I _____ am (i) the parent having legal custody, (ii) one of the parents having legal custody, or (iii) the legal guardian for the above-named minor child. I hereby authorize **BELL TOWER LANGUAGE ACADEMY** into whose care the minor have been entrusted, to consent to medical or dental treatment or care for the minor under Section 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any emergency medical or dental treatment or care to be rendered to or for the minor under the general or special supervision of a qualified physician surgeon, or dentist.

I further authorize _____ to receive physical custody of the child under Section 1283 (a) of the California Health and Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical of the child to **BELL TOWER LANGUAGE ACADEMY**

Parent or Guardian's Signature

Date