

2026 Junior Wheelchair Sports Camp

Authorization for Third Party to Consent to Treatment of Minor Lacking Capacity to Consent

Return packet via email, fax or mail to:

René Van Hoorn

Cottage Rehabilitation Hospital

P.O. Box 689
Santa Barbara, CA 93102

rvanhoor@sbch.org

Fax: 805-569-8994

Cell: 805-450-0147

Forms to return:

- Registration Form
- Medical Information
- Consent to Treat
- Photo Release
- Cottage Waiver of Liability

In the event of an emergency, we, the directors of the Junior Wheelchair Sports Camp, will attempt to contact you (the parent or legal guardian of the child) immediately. However, should we be unable to contact you, and should we deem it necessary, we will take the child to the emergency room at the local hospital and have medical attention given to the child. We will continue to attempt to reach you while at the emergency room. This form authorizes us to have that emergency care given under those circumstances.

I/We, the undersigned parent(s)/person having legal custody/legal guardianship of _____, a minor,

do hereby authorize the directors of the Junior Wheelchair Sports Camp, as agents for the undersigned, to consent to any X-ray examination (or similar examination such as by CAT scan), anesthetic, medical or surgical 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 office of said doctor or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority to aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a licensed doctor or dentist recommends.

I/We hereby authorize any doctor, dentist and/or hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 6910 of the Family Code of California to surrender physical custody of such minor to my/our above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective through **July 17, 2026** unless sooner revoked in writing delivered to the director of the Junior Wheelchair Sports Camp.

Date

Parent/Legal Guardian/Person having legal custody

If signed by other than parent, indicate relationship: _____

