

AUTHORIZATION TO TREAT A MINOR
For patients under age 18

In the event of a medical emergency, I authorize the physicians and staff of San Diego Sports Medicine and Family Health Center to provide necessary medical care to the patient named on the reverse side of this paper, if the parent/guardian is unable to be reached for authorization.

I understand this authorization is revocable at any time by notifying San Diego Sports Medicine and Family Health Center in writing.

Please sign below *if* you would like this authorization on file:

Signature of Parent/Guardian

Date

ADVANCE DIRECTIVES
For patients age 18 and over

A federal law requires us to give you information about your rights to make health care decisions. Your doctor must tell you about your medical condition and about what different treatments can do for you, and how you can plan what should be done when you cannot speak for yourself. In the event you become too sick to make medical decisions, it is helpful if you say in advance what you want to happen with your medical treatment. There are several kinds of “advance directives” that you can use to say what you want and who you want to speak for you.

If you would like more information about advance directives, please notify your nurse or doctor. We have additional information to assist you in making these important decisions.

Please sign below acknowledging the availability of information regarding **Advance Directives.**

Signature of Patient over age 18

Date