



# GREEN VALLEY HOMEOWNERS' RECREATION ASSOCIATION

OFFICE ADDRESS:

10739 Los Jardines West  
Fountain Valley, CA 92708

MAILING ADDRESS:

P.O. Box 8323  
Fountain Valley, CA 92728

---

Phone: 714-962-8205 • Fax: 714-962-4309 • Email: [gvhra@aol.com](mailto:gvhra@aol.com) • Website: [www.gvhra.com](http://www.gvhra.com)

**GREEN VALLEY HOMEOWNERS' RECREATION ASSOCIATION**

## Consent for Medical Treatment

### SWIM TAG FORM

Pursuant to California Family Code §6910, I, \_\_\_\_\_, a parent or legal guardian having legal custody of \_\_\_\_\_, a minor child, hereby authorize a representative of Green Valley Homeowners' Recreation Association 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 to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act.

I agree to pay any and all costs for the foregoing.

My medical insurance provider is \_\_\_\_\_

and my insurance certificate number and/or group number is \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_

Signed: \_\_\_\_\_

Emergency Contact (name, relationship to child and phone number):

\_\_\_\_\_

Emergency Contact (name, relationship to child and phone number):

\_\_\_\_\_

Emergency Contact (name, relationship to child and phone number):

\_\_\_\_\_

Please list any relevant medical conditions to assist emergency responders, such as allergies or pre-existing conditions (note, this information may not be passed on to emergency responders, and serious medical conditions should be conveyed in secondary manner, such as medical bracelets):

\_\_\_\_\_

\_\_\_\_\_