

MARTIN SINAI RAYMAN, D.D.S.



## *Infant, Child & Adolescent Dentistry*

### **CONSENT FOR EMERGENCY MEDICAL OR DENTAL TREATMENT**

California Civil Code, Section 25.8 expressly provides that a parent may authorize an adult into whose custody a child is entrusted to consent if necessary, to medical and dental treatment:

Either parent, or a guardian having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to X-ray examinations, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to be rendered to said minor under the general or special supervision and advice of a physician or surgeon licensed under the provisions of the Medical Practice Act, or to X-ray examinations, anesthesia, dental and/or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

### **AUTHORIZATION**

In accordance with the provisions of Section 25.8 of the California Civil Code,

I hereby authorize \_\_\_\_\_ to procure medical,  
hospital, or dental care for my child(ren) \_\_\_\_\_  
Name(s)

in the event of injury or illness while the child(ren) is(are) in the care of the above named facility or person(s).

(I understand and agree that I am financially responsible for any care so provided).

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Guardian

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Dentist's Name: Martin Sinai Rayman, D.D.S.

Address: Dentistry for Children and Adolescents  
912 Grand Ave., Suite 202  
San Rafael, CA 94901

Telephone #: (415) 459-1444 Fax #: (415) 453-1320