

# KEEP THIS MEDICAL AUTHORIZATION FORM DO NOT MAIL!

Medical Authorization and Consent to Minor Rider Pursuant to California Civil Code, Section 1556, and Family Code, Section 6701.  
Minor to carry on the day of the ride.

Name of Minor \_\_\_\_\_ Birth Date \_\_\_\_\_ Blood Type (if known) \_\_\_\_\_

The undersigned does hereby authorize \_\_\_\_\_ or such substitute as he may designate, as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental, or surgical treatment, and hospital care for the above minor, which is deemed advisable by and to be rendered under the general or specific supervision of any physician and surgeon, licensed under the Provision of Medicine Practice Act, and/or Dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital or elsewhere. This authorization will remain effective while the above minor is in route to and from, involved or participating in, the Almaden Cycle Touring Club Tierra Bella events, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Home Phone and/or Cell Phone \_\_\_\_\_