REQUE	ST FROM (Name and address):	FOR COURT USE ONLY			
TELEPI	HONE NO.:					
	ADDRESS (Optional):					
		IFORNIA, COUNTY OF SACRAMENTO				
	ADDRESS: 3341 Powers William R	Ridgeway Family Relations Courthouse				
	ND ZIP CODE: Sacramen					
	H NAME: Sitting as the					
	D'S NAME:		CASE NUMBER:			
R		URT ORDER AUTHORIZING EMERGEN MEDICAL, SURGICAL, OR DENTAL CA	DEPARTMENT:			
THIS IS AN: EMERGENCY REQUEST A NON-EMERGENCY REQUEST						
The following emergency or non-routine medical, surgical, or dental care procedure is requested:						
•	The following chil	organist of florr routine modical, surgic	ai, or dorne	ar dare procedure to requ	acotoa.	
		s the Physician's Declaration Re: Med refused without court order.	dical, Surgi	cal, or Dental Care.		
	The ☐ parent ☐ legal guardian was contacted and informed of the request for emergency or non- routine medical, surgical, or dental care: ☐ Yes ☐ No					
	a. If yes, his or h	er response was as follows: why not:				
	If unable to locate the parent/legal guardian, please detail the efforts made to locate and obtain his or her consent for emergency or non-routine medical, surgical, or dental care:					
	The parent/legal guardian was informed that a court order without a hearing authorizing the request for emergency or non-routine medical, surgical, or dental care was being requested. Yes No, if no, explain why:					
5. The child's current placement is:						
6. The following parties were notified of this request as follows:						
	Attorney for:	Name:	Date and	Time Informed:		
	Child(ren)					
	County					
	Parent					
	Parent					
	Other					

Child's Name		Case No:				
7. Signature of Mo	oving Party:					
I declare under penalty of perjury under the laws of the State of California that the information in this						
form is true and correct to my knowledge.						
		>				
Date	Type Name	Social Worker's Signature				
		Telephone No.:				
		► Approved:				
Date	Type Name	Supervisor's Signature				
		Telephone No.:				