UNIVERSITY
HEALTH SERVICES
Tang Center
People. Campus. Community.

University of California, Berkeley
2222 Bancroft Way, Berkeley, CA 94720-4300

Authorization for Third-Party Consent to Treatment of Minor Lacking Capacity to Consent

I (We) the undersigned parent(s), legal guardian(s) or person(s) having legal custody of _____, a minor, do hereby authorize
(name of minor)

University of California, Berkeley Sports Medicine Physicians or Designated Associates, as agent for the undersigned, to consent to any medical or surgical diagnosis or treatment, anesthetic or X-ray examination which is deemed advisable by, and is to be rendered under the supervision of, a University Health Services clinician or a clinician associated with Cal Sports Medicine.

- It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority to the above-named agent to give specific consent to any and all such diagnosis and treatment which a University Health Services clinician or Cal Sports Medicine clinician may, in the exercise of his/her best judgment, deem advisable.

- This authorization is given pursuant to the provisions of Family Code section 6910.

I (We) hereby authorize University Health Services to surrender physical custody of the minor to the above-named agent following treatment given pursuant to the provisions of Family Code section 6910. This authorization is given pursuant to Health and Safety Code section 1283.

This authorization shall remain in effect until (MM/DD/YY) / /
unless written revocation is delivered to the agent named above and to University Health Services.

Check one
1 Parent
1 Legal guardian
1 Person having legal custody

Signature *Date*

Signature of witness *Title*

Signature of witness *Title*

NUMBER

NAME

DOB