

AUTHORIZATION FOR THIRD PARTY TO CONSENT TO TREATMENT OF MINOR LACKING CAPACITY TO CONSENT

(I) (We), the undersigned, parent(s)/person having legal custody/legal guardianship of NAME _____ ID# _____

a minor, do hereby authorize the UCSC Student Health Center as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of the health center, whether such diagnosis or treatment is rendered at the health center or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but given to provide authority to power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

(I) (We) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my) (our) above-named agent(s) upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain in effect until _____, 20____, unless sooner revoked in writing and delivered to said agent(s).

Date: _____

Signature of Parent/Legal Guardian/ Person Having Legal Custody (circle relationship)

Date: _____

Signature of Parent (Other Parent)