University of California, Berkeley

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned parent(s)/guardian(s) of Kaustuv Grama, a minor, do hereby authorize University of California, Berkeley Health Services or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code §2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code §1600 et. seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910.

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code §1283.

These authorizations shall remain effective until a year after the date of signature, unless sooner revoked in writing delivered to said agent(s).

01/06/25
Date of Signature

Signed: Mamapraveen
Parent/Guardian

Address: 314 198th ST SW
City: Lynnwood State: WA

Phone Numbers:
Home 425 312 4012
Work
Cell

Emergency Information

IN CASE OF EMERGENCY NOTIFY: GRAMA PRAVEEN

Address 314 198 th ST SW

Phone: Home/Work/Cell 425 312 4012

IF DIFFERENT THAN ABOVE COMPLETE:

Parent/Guardian Name_____

Address _____

Phone: Home/Work/Cell _____

Alternate Parent/Guardian Name_____

Address _____

Phone: Home/Work/Cell _____

MINOR'S PHYSICIAN

Name Buckley Eckert

Address 10025 NE 186th ST

Phone: 425 486 9131

Name of Medical Insurance Provider* BCBS Boeing UW Medicine ACN

Policy # BHP834551015 Expiration Date 12/31/25

Group# 75UN60

If your child has a medical problem or is taking medication that would be important for us to be aware of, please indicate here:

Please indicate all applicable allergies (drug, food, insect, latex, etc.):