

Name: _____
DOB: _____
Chart: _____
Age: _____
Date: _____



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CONSENT TO TREAT A MINOR

This consent has been prepared according to guidelines presented by the Texas Family Code (Section 35.01). Please complete all information.

Minor's Full Name: _____ Date of Birth: _____

Mother and Father's name or name of guardian(s):

Name of person giving consent: _____

Relationship to the minor: _____

Describe the medical treatment for which consent is to be given:

Date treatment is to begin: _____

The following person's may consent to a minor's medical treatment when the person having the power to consent cannot be contacted and when the absent person has not indicated a refusal to consent.

Please indicate the appropriate situation as to who will be signing the consent.

- Grandparent
- Adult aunt or uncle
- Adult Brother / Sister
- An educational institution in which the minor is enrolled, if the person who has the power to consent has given the institution prior written authorization to do so
- Any adult who has care and control of the minor, if the child's parent or guardian has given prior authority to consent
- Any court having jurisdiction of the child

Signature of Consenting Adult

Date

Phone Consent

When consent to treat the above minor was not possible, consent to treat was provided over the telephone by

_____, whose relationship to the minor is as follows: _____

Signature of Office Staff

Date

Title of Office Staff