

## Medical Treatment of a Minor: Patient Information and Consent

Authorization  This authorization applies to the following children:	Today's Date:	Patient Name:			Date of Birth <u>:</u>	
Patient or Custodian Name:    City:   State:   Zip:		Last	First	Middle or Maiden		
Authorization  This authorization applies to the following children:		Par	ent or Custodian	Information		
Authorization  This authorization applies to the following children:	Patient or Custodiar	n Name:				
This authorization applies to the following children:    I have the authority to consent to medical treatment of the foregoing child(ren) in that I am a: (Check one)    Parent (other than possessory conservator)   Guardian of the person   Managing conservator of the child(ren)    By my signature hereto, I hereby give authority to to consent to medical treatment for the foregoing child(ren) in the event that I cannot be contacted. The foregoing person to whom I give such authority is related to the child(ren) as follows:    An educational institution in which the child(ren) is/are enrolled   An adult who has care and control of the child(ren)    Specific Information    Name of Procedure:   Parent or Custodian Consent   I have read or had read to me the contents of this form, reviewed and understand this list, understand the risks and alternatives of this procedure, and have been given an opportunity to ask any questions I have about this treatment with the provider.   Parent or Custodian Signature:	Address:	City:		State:	Zip:	
This authorization applies to the following children:    have the authority to consent to medical treatment of the foregoing child(ren) in that I am a: (Check one)    Parent (other than possessory conservator)   Guardian of the person   Managing conservator of the child(ren)   By my signature hereto, I hereby give authority to consent to medical treatment for the foregoing child(ren) in the event that I cannot be contacted. The foregoing person to whom I give such authority is related to the child(ren) as follows:    An educational institution in which the child(ren) is/are enrolled   An adult who has care and control of the child(ren)    Specific Information						
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Managing conservator of the child(ren)			•	,		
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Specific Information  Name of Procedure:  Additional risks: (To be completed by provider)  Parent or Custodian Consent  I have read or had read to me the contents of this form, reviewed and understand this list, understand the risks and alternatives of this procedure, and have been given an opportunity to ask any questions I have about this treatment with the provider.  Parent or Custodian Signature:  Date:  Witness Signature:  Name  Relationship  Date:	to consent to medic	al treatment for the foregoing chi	ld(ren) in the even	t that I cannot be contacted. The f	oregoing person to	
Specific Information  Name of Procedure:  Additional risks: (To be completed by provider)  Parent or Custodian Consent  I have read or had read to me the contents of this form, reviewed and understand this list, understand the risks and alternatives of this procedure, and have been given an opportunity to ask any questions I have about this treatment with the provider.  Parent or Custodian Signature:  Date:  If someone other than the parent or custodian completed this form, please give name & relationship:  Name  Relationship  Date:  Date:		☐An educational i	nstitution in which	the child(ren) is/are enrolled		
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Parent or Custodian Signature: Date: Date: Name Name Date:		Pa	arent or Custodia	n Consent		
f someone other than the parent or custodian completed this form, please give name & relationship:  Name  Relationship  Witness Signature:  Date:						
Name Relationship Witness Signature: Date:	Parent or Custodian Signature:				Date:	
Witness Signature: Date:	f someone other th	an the parent or custodian comple	eted this form, plea	ase give name & relationship:		
					Zip:	
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Provider Signature: Date Reviewed:	Providor Signatura		Data Pavi	Data Paviawad		