

CONSENT FOR MEDICAL TREATMENT OF A MINOR

Form must be completed for all persons under the age of 18 years

The Texas Family Code allows only certain people to consent to medical treatment for minors if parental consent cannot be obtained. These are:

- 1. A grandparent
- 2. An adult sister or brother
- 3. An adult aunt or uncle
- 4. An educational institution in which your child is enrolled, which has written authorization to consent to treatment
- 5. Any adult who has care and control of the child and who has written authorization from the parent to consent to treatment.

I,		, am	
	the parent		
	the guardian (specify relat	tionship)	
of the	minor child,		, and hereby authorize
Texas	Digestive Disease Consulta	ants and/or its authorized agents	, to consent to what ever
medic	al treatment they may deem	n necessary while said minor is u	ınder their care in
accord	lance with Texas Family Co	ode Section 32.001.	
Nature	e of expected medical treatr	ment: Gastroenterology Speciali	st Care
Date t	reatment is expected to beg	gin:	
		MANAGEMENTALISMAGES	
Parent	t/Guardian Name	Parent/Guardian Signature	Date