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Consent to Medical Care and Treatment of a Minor

Complete this form and leave it with the person who is responsible for your child in your absence. In case of a medical emergency this form must be brought with the child to the clinic or hospital.

I, _____ the natural parent/legal guardian of _____, authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health. I understand that consent to treat is generally implied in emergency situations, and I waive my right of informed consent to such treatment as well as to further treatment that the physician would deem advisable during the time I cannot be contacted.

The following individual(s) are authorized to bring the aforementioned minor child to their appointments.

Authorized individual(s)	Relationship to Minor	Phone Number

Signature of Parent/Legal Guardian: _____

Witness: _____

Date: _____ Termination Date: _____

MINOR'S INFORMATION

Name: _____ Date of Birth: _____

Allergies and Drug Reactions: _____

Chronic Illnesses: _____

Regular Medications: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact's Name: _____ Relationship to minor: _____

Address: _____ Telephone/Work: (____) _____