



AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR CHILD

Dear Parents:

Texas state law requires that you consent to medical treatments for your minor child.

If an adult other than your child's parent or legal guardian accompanies him/her to office visits, or if parent/guardian drops them off without an adult present, we will be unable to provide treatment without your written authorization.

To authorize an adult other than your child's parent or legal guardian to consent to medical treatment for your child, and/or to leave your minor child to be seen please complete the sections below. By completing this authorization, you consent to the sharing of your child's protected health information with this individual as outlined in Urgent Orthopedic Specialists Notice of Privacy Practices.

If the child is dropped off without an adult present, we will see the child with a valid consent; however, we will only provide you a copy of the physician notes/dictation. We will not accept calls or meet with the parent afterwards to discuss information/treatment plan.

AUTHORIZATION

I give consent to medical treatment for my minor child listed below:

Name: _____ Date of birth: _____

- I give authorization for my child to be seen without parent/guardian present.
- I authorize the following individual(s), to bring my child to his/her appointments.

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

LIMITATIONS

Identify any limitation on the kinds of medical services for which this authorization is given. If none are specified, no limitations will be applied.

Identify any limitations on the time frame for which this authorization is given. If none are specified, no limitations will be applied.

PARENTAL CONTACT INFORMATION

If the nature of the medical care is not routine. Please try to contact me (us) regarding the health care of my (our) children at the following telephone number(s). If you are unable for any reason to contact me (us), you may rely on the proxy decision maker for consent.

Parent's Name: _____
Phone: _____

Parent's Name: _____
Phone: _____

Signature of Parent or Legal Guardian

Date