

R Family Medical Group

Here To Serve Your Family

CONSENT FOR MEDICAL TREATMENT OF A MINOR

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

The Texas Family Code Section 32.001 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 brother or sister of the child
3. An adult aunt or uncle of the child
4. An educational institution in which your child is enrolled, which has written authorization to consent from a person having the right to consent
5. Any adult who has actual care, control and possession of the child and who has written authorization from the parent to consent to treatment.

I, _____ am

the parent

the guardian (specify relationship) _____

of the minor child, _____ dob _____,
and hereby authorize R Family Medical Group and/or its authorized agents, to consent to whatever medical treatment they may deem necessary while said minor is under their care in accordance with Texas Family Code Section 32.001.

Nature of expected medical treatment: Family Practice

Date treatment is expected to begin: _____

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

Created: 10/5/15/mcg

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