



VOLUNTARY AUTHORIZATION OF NON-PARENT/NON-LEGAL GUARDIAN TO ACCOMPANY PATIENT

By law, any child under eighteen (18) years of age cannot be seen by a doctor without consent from their parent or legal guardian. If the minor arrives at Texas Children's Pediatrics accompanied by someone other than their parent or legal guardian, our practice requires written permission from you that this adult has been appointed to accompany your child.

Minor Patient's Name: _____ DOB: _____

Below, please list those individual(s) who may accompany your child in your absence:

Name Relationship to Patient

Name Relationship to Patient

AUTHORIZATION:

I am the parent or legal guardian of the above named minor patient. I have medical consenting rights for my child. If the patient comes into the clinic with one of the individual(s) named above, I give advance authorization and consent for the patient to receive routine or emergency medical, dental or other healthcare treatment. I understand information about my child's diagnosis, treatment, and care may be shared with the individual(s) listed above on the day of the visit.

This form is valid for one (1) year after signature or until revoked by written notice to Texas Children's Pediatrics.

PLEASE PRINT:

Parent or Legal Guardian's Name

Phone Number Where I Can Be Reached

Parent or Legal Guardian's Signature

Date