



**CONSENT TO TREAT MINOR PATIENT WITHOUT PARENT PRESENT**

The State of Texas and the Texas Medical Board require consent before medical care can be given. In order for us to treat a minor without his or her parent/legal guardian present, the parent/legal guardian should complete this form and return it to Hillcrest Family Medicine.

I, \_\_\_\_\_ (print name here), am the parent/legal guardian of  
\_\_\_\_\_ (print name of minor), currently a minor, whose  
date of birth is \_\_\_\_\_.

I authorize Hillcrest Family Medicine to provide medical and/or mental health care to my son/daughter, including, but not limited to, diagnostic examinations (including laboratory testing), tuberculosis screening, verification and/or administration of immunizations and necessary medical treatment as deemed appropriate by his/her physician.

I understand that, should my minor child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such care is initiated.

I further understand, once my child reaches the age of majority, my consent for treatment is no longer required.

This consent will remain in effect until the patient reaches the age of eighteen unless revoked in writing to Hillcrest Family Medicine.

By signing this, I acknowledge I have read and agree to this consent and that any questions I had prior to signing were answered by Hillcrest Family Medicine.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Emergency Phone Numbers:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_