



## Authorization and Consent of Parent for Minor's Medical Treatment

This form allows another adult to bring your child in for treatment at Medical City Children's Hospital Urgent Care. Usually this will be another family member who is caring for the child. The form must be completed and signed by the legal guardian of the child, and allows you to designate who may bring your child in for treatment. Please note that this form allows Medical City Children's Hospital Urgent Care to discuss protected health information with the person designated below.

We request and authorize Medical City Children's Hospital Urgent Care and its personnel to deliver medical care to our child(ren) listed below:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The following people are authorized to bring my child in for treatment.

\_\_\_\_\_  
\_\_\_\_\_

Identify any limitations on the kinds of medical services for which this authorization is given. If none, state "none".

\_\_\_\_\_  
\_\_\_\_\_

Please check one of the options below:

\_\_\_\_\_ This form shall have no expiration date.

\_\_\_\_\_ This form is only valid until \_\_\_\_/\_\_\_\_/\_\_\_\_.

### 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: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**\* Please attach a copy of your current insurance card. It would also be beneficial to include any medical information that would be useful to the staff at Medical City Children's Hospital Urgent Care, such as medical history, medicine allergies, and current medication.**