

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I, _____, am the [parent/guardian/managing conservator] of _____, a minor child, and have the power to consent to medical treatment for him/her. [Include if applicable: _____ is/are the minor]=s other parent/parents.] I authorize and appoint _____ as my agent to consent to medical treatment of the minor when I cannot be contacted to so consent, such medical treatment to include, without limitation, X-ray examination; anesthetic treatment; medical, dental, or surgical examination or treatment; and general hospital care. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization.

I will indemnify and hold harmless from any expense or claim of any nature any entity that provides or causes to be provided examination, treatment, or hospital care under this authorization (except to the extent such entity is negligent therein) and conditionally agree to make or cause to be made, by assignment of third-party benefits or otherwise, full and complete payment for such examination, treatment, or hospital care.

SIGNED on _____, 20____.

Signature

Printed Name of parent/guardian/managing conservator

Childs name: _____ Birth date: _____

THE STATE OF TEXAS '

 '

COUNTY OF DENTON '

BEFORE ME, the undersigned Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and considerations therein expressed and in the capacity therein stated.

WITNESS MY HAND and official seal this _____ day of _____, 20____.

Notary Public, State of Texas