



LEGAL TREATMENT MINOR CONSENT FORM
(To be signed by a Parent or Legal Guardian)

Date: ____/____/____ Acct # _____

(1). _____ is under the age of 18.

(Printed Minor / Patient Name)

OR

(2). _____ is an adult Legally deemed incompetent.

(Printed Minor / Patient Name)

OR

(3). _____ Qualifies for an exception according to current Texas State Law.

(Printed Minor / Patient Name)

It is my/our request that routine emergency medical or minor surgical evaluation and / or treatment be provided to the above named patient in the event of my/our absence.

While attempts to contact me/us will be made, I/we fully understand that circumstances might prevent timely notification and consent for treatment, I/we agree to protect and hold harmless Women's

Specialty Center PA from all civil or criminal liability which might arise in compliance with h is authorization for treatment.

NOTED THIS _____ DAY OF _____ 20____

(Parent /Legal Guardian PRINTED Name)

(Parent / Legal Guardian Signature)

(Relationship to Minor / Patient)

(Witness Signature)

Date: ____/____/____