CONSENT FOR MEDICAL TREATMENT OF MINOR

Name of Minor ____________________________ **Birth Date** _____________ **Age**____________

COMPLETE SECTION A OR B

SECTION A CONSENT BY PARENT/MANAGING CONSERVATOR/GUARDIAN OR OTHER ADULT

Printed Name of Parent(s) if known ____

Printed Name of Managing Conservator/Guardian (if applicable)_________________________

I am the (check one) __parent __managing conservator __ guardian of the above named minor.

Complete this section ONLY if the parent/managing conservator/guardian CANNOT BE CONTACTED.

The person having the right to consent to medical treatment for the above minor (parent/managing conservator/guardian) cannot be contacted and has not given notice to the contrary. As per Texas Family Code Chapter 32.001, I may consent for medical treatment of the above named minor.

I am the **(check one):**

___grand parent ___adult brother/sister ___adult aunt/uncle
___educational institution with authorization to consent from a person having the right to consent
___adult with care/control/possession with written authorization to consent from the person having the right to consent
___adult responsible for minor under juvenile court order
___Texas Youth Commission staff

I give permission for Bay Area Obstetrics & Gynecology, P.A. to provide confidential medical treatment, including contraceptive services, to the minor named above. This consent begins on the date below and remains in effect unless revoked in writing.

I declare under penalty of perjury that the above information is true and correct.

______________________________ ______________________________ _______________
Printed Name of Person Giving Consent **Signature of Person Giving Consent** **Date**

SECTION B CONSENT BY MINOR CLIENT

____ I am an emancipated minor.

____I am age 16 or older, living separate and apart from my parents/managing conservator/guardian, and manage my own financial affairs.

I declare under penalty of perjury that the above information is true and correct.

__________________________________ ____________________
Signature of Minor **Date**