# 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**