



PARENTAL CONSENT OF A MINOR

In compliance with the Texas Family Code: In the State of Texas, a minor is anyone under the age of 18 years, who is not and has not ever been married, or who has not been emancipated for general purposes by a court of law.

Please complete this form to detail your wishes regarding your child's treatment today without your presence.

Date: _____

Child's name: _____ DOB: _____

Known chronic medical conditions: _____

Known allergies: _____

Parent or Guardian's names and phone numbers:

Name: _____ Phone: _____

Name: _____ Phone: _____

During the course of treatment today, additional services may be necessary. Please check those services that you give consent to perform:

X-rays

Laboratory Services (*urine screening, blood work, etc.*)

Immunizations (*additional signature may be needed*)

Injections

In-Office Surgical Procedures (*casting, removals, biopsies, cultures, etc.*)

Physical Medicine (*PT, diagnostic testing, rehabilitation*)

Neurotherapy/Biofeedback/Counseling

QEEG/IVA

I give consent for MaxHealth to treat my child without a guardian or other authorized adult present for **today only**. (Please be advised that should you wish to give consent for a *period of time* versus *only one visit*, there is an alternate form to fill out.)

Signature of Parent or Guardian

Date Signed

Driver's License Number: _____ (Please verify we have a copy of your license on file, as this form will not be valid without the DL on file in our system. You may include a copy of your license with this form if you are unsure as to whether or not it has been presented to us previously.)

Office Only (*please initial and date*):

Verified information given: _____