



MaxHealth

Family, Internal & Sports Medicine

5207 Heritage Ave, Colleyville, TX 76034

Fax: 817-553-1553 (*Front Desk*)

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 treatment of your child for today without your presence.

****Please be aware that treatment for Concussion, Mental Health and/or Oral Contraception related appointments require a parent or guardian be present regardless of if consent is signed.****

Appointment Date: _____

Child's name: _____ DOB: _____

Known allergies: _____

Parent or Guardian's names and phone numbers: _____

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, bloodwork, 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.)