Coppell Pediatric Associates, P.A.
1705 E. Belt Line Rd., Coppell, TX 75019
Phone: 972-393-8687 Fax: 972-393-4975
www.coppellpedi.com
Tammi L. Schlichtemeier, MD, FAAP

CONSENT FOR MEDICAL TREATMENT OF MINOR

Name of Minor Child _____DOB:_____/_____/_____ Age: _____

CONSENT BY PARENT/MANAGING CONSERVATOR/GUARDIAN OR OTHER ADULT

Printed Name of Parent(s) if known _____

Printed Name of Person authorized to consent for child if parent not available. _____
_____

(Check one) Grandparent Babysitter/Nanny Neighbor Managing Conservator
Stepparent other_____

The above named adult has my consent to medical treatment for the above minor (given in writing by the parent or legal guardian of _____)
Child's Name

As per Texas Family Code Chapter 32.001, I consent for medical treatment of the above named minor.
My child has _____ drug allergies.
My child is taking _____ medications.

Please **CHECK** which you are allowing the above named adult to consent for any visit.

Well child, exam only
Well child, exam with vaccines and/or blood draws
Vaccines & labs
Sick visit, exam only
Sick visit, with labs and/or injections

Date(s) of consent to treat form effective: _____ / _____ / _____ **to** _____ / _____ / _____
(Note: you may allow up to 1 year for this form to be effective, one day only for verbal consent)

I give permission for Coppell Pediatric Associates, PA to provide medical treatment to the minor named above.
The consent is effective for the dates listed above.
If consent is verbal, it is witnessed by 2 staff members, acknowledged by signatures below.

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

***Please note, we must have a signed consent for well child exams AND vaccines. The physician will need to see and speak with both patient and parent on day of well child exam, and parent must be at well child exam to give written consent for immunizations.**

_____ _____ _____
Printed Name of Person Giving Consent (Parent/Guardian) **Signature of Person Giving Consent** **Date**

_____
Relationship to child

Staff Members x2 have simultaneously, verbally witnessed consent of parent listed above.

_____ _____ _____ ____:____**AM/PM**
 # 1 Staff Signature **#2 Staff Signature** **Today's Date** **Time**