



**22140 Highway 90 North, Bedias ,TX 77831**

**936-241-3431**

**CONSENT TO HEALTH CARE OF MINOR or DISABLED ADULT BY PERSON OTHER THAN PARENT, GUARDIAN OR MANAGING CONSERVATOR**

I, the undersigned, give consent on behalf of the following minor/disabled adult:  
\_\_\_\_\_, for medical diagnosis and treatment. My relationship to the minor is:

Mark the applicable

- The minor's grandparent
- The minor's adult ( over age 18) brother or sister
- The minor's adult ( over age 18) aunt or uncle

The parents and/or managing conservators/guardian of the child are as follows:

\_\_\_\_\_

**CONSENT OF MINOR/DISABLED ADULT FOR OWN HEALTH CARE**

I, the undersigned minor, give consent for medical diagnosis and treatment. I have legal power to consent because: Mark all that apply

- Is on active duty with the armed services of the United States of America
- Is 16 years of age or older and reside separate and apart from his/her parents, managing conservator or guardian and manages his/her own affairs.
- Consents to the diagnosis and treatment of any infectious, contagious, or communicable disease which is required to be reported by his/her health care provider to the local health office.
- Is unmarried and pregnant and consents to treatment related to her pregnancy, other than abortion.
- Consents to examination and treatment for drug addition, drug dependency and any other related condition directly related to the drug abuse.

The nature of the medical treatment is as follows:

\_\_\_\_\_  
\_\_\_\_\_

The date treatment is to begin is: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Witness

Date

**Telephone consent requires two (2) witness signatures.**