



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 authorize Access Esperanza Clinics to provide confidential medical treatment to the minor named above. I give my consent for necessary medical, primary health care, and reproductive health examinations, laboratory tests, education/counseling, procedure, and treatments in the evaluation and management of the minor's health care. This consent will also serve as consent for any FDA approved method of birth control the minor named above may choose. I will inform clinic staff about all known allergies, any reactions caused by medications or drugs in the past, any chronic illnesses and any medications the minor is currently taking in writing on this form. This consent begins on the date below and remains in effect until the minor's 18th birthday, unless revoked in writing.

Allergies/chronic illnesses: _____

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 _____

Staff Printed Name _____ Signature _____ Date _____

SECTION B CONSENT BY MINOR CLIENT

___ I am an emancipated minor. (married or with court papers from a judge) ___ 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.

Printed name of Minor _____ Signature _____ Date _____

Witness Printed Name _____ Signature _____ Date _____