

Instructions for Consent to Medical Treatment by a Non-Parent

At the end of line #1, **print** the full name of the child. Only one child's name can go on the form. Use a separate form for each child.

In area #2, mark whichever space describes your relationship to the child. Use a check mark or an "x". If written authorization is available, attach a copy to the form.

For lines #3 and #4, **print** the full name of the child's father and the full name of the child's mother.

In line #5, if a *court* has appointed someone to be managing conservator of the child or guardian, **print** the full name of that person. If no person has been court-appointed managing conservator or guardian, **print** "None" on the line.

In area #6, **print** details about the treatment that you will consent to for the child to receive. If more space is needed, you can attach an additional sheet.

In line #7, **print** the date that the treatment, for which you are consenting, is to begin.

In line #8, **print** your full name. In line #9, **sign** your name. In line #10, **print** the date when you sign the form.

The health care provider, who will carry out the treatment you have consented to by the use of this form, will want either the original or a copy of the form. Make sure that you keep a copy of the form in a safe place.

CONSENT TO MEDICAL TREATMENT BY A NON-PARENT

1. I consent to treatment of the child whose name is:

_____.
(Print name of child on the line)

2. (Mark one space only). I am:

_____ the child's grandparent

_____ the child's adult brother or sister

_____ the child's adult aunt or uncle

_____ an adult who has the actual care, control and possession of the child and I have written authorization to consent to the treatment, from another person who has the *right to consent*.

3. The name of the child's father is:

(Print child's father's name on the line)

4. The name of the child's mother is:

(Print child's mother's name on the line)

5. If the child has a managing conservator or legal guardian, the name of the managing conservator or legal guardian is:

(Print name of managing conservator or guardian on the line)
(Leave line blank if the child does not have a managing conservator or a guardian)

6. The nature of the treatment to be given is (describe the medical, dental, psychological, and/or surgical treatment, that you are consenting for the child to have):

7. The date the treatment is to begin is:

(Print month, day, and year the treatment is to begin, on the line)

8. My printed name is:

9. My signature

is: _____.

10. Today's date is:
