

## 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):

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

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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:

\_\_\_\_\_.