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**AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS**

IF YOUR CHILD NEEDS MEDICAL SERVICES, A PARENT MUST GIVE PERMISSION. WHAT ABOUT TIMES WHEN YOU CANNOT BE REACHED FOR PERMISSION? A CHILD MAY BE TREATED WITHOUT PARENTAL CONSENT WHEN A PHYSICIAN DETERMINES A TRUE EMERGENCY EXISTS. THAT MEANS THE DOCTOR DETERMINES THE CHILD NEEDS IMMEDIATE MEDICAL CARE AND THAT AN ATTEMPT TO OBTAIN PARENTAL CONSENT WOULD RESULT IN A DELAY WHICH WOULD INCREASE THE RISK TO THE CHILD'S LIFE OR HEALTH. ALL UNDERAGE PATIENTS MUST HAVE AN ADULT WITH THEM, ESPECIALLY THE FIRST VISIT OF CARE.

EXCEPT IN A TRUE EMERGENCY, CARE MAY BE ORDINARILY RENDERED TO A CHILD ONLY WITH THE CONSENT OF THE PARENT OR LEGAL GUARDIAN. SOMETIMES A CHILD MAY NEED UNEXPECTED CARE WHICH IS NOT, HOWEVER, A TRUE EMERGENCY. IN SUCH CASES, MAKING AN EFFORT TO CONTACT A PARENT FOR PERMISSION CAN DELAY TREATMENT AND CREATE UNNECESSARY ANXIOUS MOMENTS FOR THE CHILD.

YOU CAN PREPARE FOR UNEXPECTED CARE YOUR CHILDREN MIGHT NEED WHEN YOU ARE AWAY FROM HOME. TO DO THIS, MAKE SURE CAREGIVERS KNOW HOW TO REACH YOU AT ALL TIMES. YOU MAY GIVE PERMISSION TO OTHER ADULTS IN WRITING. THEY CAN THEN ACT FOR YOU BY PERMITTING YOUR CHILD TO BE TREATED, IF UNEXPECTED CARE IS NEEDED.

THIS IS A LEGAL DOCUMENT. WITH IT YOU MAY APPOINT RELATIVES, FRIENDS, TEACHERS, CLERGY, NEIGHBORS-ANY ONE WHO IS OVER 18 YEARS OF AGE TO BE RESPONSIBLE FOR YOUR CHILDREN WHEN YOU ARE AWAY FROM THEM. IT IS ESPECIALLY IMPORTANT TO PREPARE THIS FORM FOR THE OCCASIONS, WHEN YOU ARE UNABLE TO ATTEND THE VISIT OR UNABLE TO BE REACHED.

**PLEASE FILL OUT THIS FORM SO WE CAN MEET YOUR CHILD'S MEDICAL NEEDS.**

I HEREBY GIVE DR. CARR AND HER STAFF PERMISSION TO EXAMINE AND PROVIDE MEDICAL TREATMENT FOR THE FOLLOWING MINOR. I UNDERSTAND THAT THE FIRST OFFICE VISIT DR. CARR RECOMMENDS THE MINOR TO BE A COMPANIED BY A PARENT.

NAME OF MINOR	DOB	ALLERGIES

SIGNATURE OF PARENT OR GUARDIAN	DATE

WITNESS	DATE

**(PLEASE FILL OUT INFORMATION BELOW ONLY IF MINOR IS UNABLE TO DRIVE THEMSELVES OR PARENTS ARE UNABLE TO BRING THE MINOR. THIS INFORMATION IS FOR UNEXPECTED CARE WHEN THE PARENTS ARE UNAVAILABLE).**

NAME OF PERSON YOU APPOINT TO REPRESENT YOU	DRIVERS LICENSE #

