

Dr. CAREingSM

411 E. McDermott Drive, Allen, TX 75002.
Phone: 972-227-3464 Fax: 214-295-4450

Authorization to Treat Minor

Name of Child/Minor

Name of Physician

As the parent/guardian of the above-named child/minor, I hereby give permission to the physician named above to treat the child/minor in the event that a medical emergency arises and I am unable to personally consent to the treatment. I also agree to be responsible to the physician for charges for medical services rendered.

Parent or Guardian's Signature

Date