



Authorization by a Parent or Legal Guardian to Allow Non-Parental Medical Consent for a Minor

In accordance with state law, and in specifically outlined circumstances, written authorization by the parent or legal guardian is required in order for a non-parent or non-guardian to consent to medical, dental, surgical or psychological treatment for a minor. This Authorization form may be used when:*

- *The consenting non-parental adult has actual care, control and possession of the minor and must provide a written authorization (See Consent for Medical, Dental, Surgical or Psychological Treatment of a Minor Child by a Non-Parent or Non-Guardian; or*
- *The non-parental consenting adult is a representative of an educational institution in which the minor is enrolled.*

I, _____ (Name of Parent, Legal Guardian, and/or Managing Conservator), authorize that _____ (Name of Non-Parental Adult Given Authorization to Consent), may give consent to medical, dental, surgical or psychological treatment of _____ (Name of Minor), born on _____ (Minor's Date of Birth), with the following exceptions:
_____.

This Authorization shall remain in effect for the following treatment plan and/or dates:
_____.

I understand that I may revoke this authorization at any time by delivering written notice of such revocation to **Lone Star Circle of Care, Attn: Privacy Officer, 205 E. University Avenue, Suite 200, Georgetown, Texas, 78628**. I understand revocation of this consent will not affect services LSCC provides prior to LSCC receiving notice of my revocation.

Name of Parent, Legal Guardian, and/or Managing Conservator

Date

LSCC Staff Member/Witness

Date

This form complies with §§ 32.001 & 32.101 of the Texas Family Code.