



## Consent for Medical, Dental, Surgical or Psychological Treatment of a Minor Child by a Non-Parent or Non-Guardian

Complete this form when the Parent or Legal Guardian is not accompanying the child today but has given LSCC verbal consent for treatment **OR** when LSCC is unable to contact the Parent or Legal Guardian with the right to consent **and** such Parent or Legal Guardian has not given notice that the person accompanying the child today may not provide consent. In the specific circumstances outlined below LSCC may accept consent by a non-parent or non-guardian to provide medical, dental, surgical or psychological treatment for a minor child with the appropriate written authorization. [Texas Family Code §§ 32.001 and 32.101.] **Please use a separate form for each child.**

Today's Date: \_\_\_\_\_ Minor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nature of Medical Treatment: \_\_\_\_\_ Date Treatment Will Begin (If ongoing, please note): \_\_\_\_\_

Name of Child's Parent or Legal Guardian (If known): \_\_\_\_\_  
Mother/Legal Guardian Father/Legal Guardian

**A. No Written Authorization by Parent/Guardian Required - Applies to the following persons: (check applicable)**

- Grandparent
- Adult sibling
- Adult aunt or uncle
- Adult responsible for the actual care, control, and possession of the child under the jurisdiction of the juvenile court. **(Must provide documentation. Please attach).**
- Representative of a court having jurisdiction over a suit affecting the parent-child relationship of which the child is subject (i.e., CPS) **(Must provide documentation. Please attach).**
- Stepparent or adult having actual care, control, and possession of the child, as the child's primary caregiver, when consenting to immunizations only, and the Parent/Guardian has not expressly refused to consent to the immunization.
- A peace officer who has lawfully taken custody of the child and believes child is in need of immediate medical treatment.
- Representative of the Texas Juvenile Justice Department

**B. Need Written Authorization by Parent/Guardian (Attach authorization)\* - Applies to the following persons: (check applicable)**

- An adult who has actual care, control, and possession of the child, seeking care for treatment (i.e., stepparent, a friend, or neighbor) (unless stepparent is consenting to immunizations only—see above)
- Representative of Educational Institution where child is enrolled, seeking care for treatment or immunizations (i.e., local high school)

\* LSCC's form *Authorization by Parent or Legal Guardian to Allow Non-Parental Consent for a Minor* may also be used, if needed.

**C. Parent / Guardian Verbal Consent – In addition to A or B above, attempt to obtain verbal consent of Parent / Guardian.**

- LSCC reached (Name of Parent/Legal Guardian) \_\_\_\_\_ and he or she gave verbal consent for treatment.
- LSCC is unable to reach the Parent or Legal Guardian with the right to consent, and LSCC staff is unaware of any notice by the Parent or Guardian that this adult may not consent to treatment for this child.

Printed Name of Person Giving Consent \_\_\_\_\_ Signature of Person Giving Consent \_\_\_\_\_

Printed Name of Witness/LSCC Staff Member \_\_\_\_\_ Signature of Witness/LSCC Staff Member \_\_\_\_\_