

**AUTHORIZATION TO CONSENT
TO MEDICAL TREATMENT
OF MINOR CHILD(REN)**

I/we, _____,
residing at _____,

being the parent(s), managing conservator or guardian(s) of the following child(ren):

_____ pursuant to Section 32.001(a)(5) of the Texas Family Code, hereby

authorize the following person(s): _____

_____ to consent to all medical and dental treatment for the above

child(ren) during the period from _____, 200__ to _____

_____, 200__, with the following limitations: _____

_____.

I/we do not authorize such person(s) to consent to psychological or psychiatric
treatment of the above child(ren).

This authorization is effective whether signed by one or two parents or guardians.

Date: _____ Signature(s): _____
