7103 South Peek Road
Unit E500
Richmond
Texas 77407

AUTHORIZATION FOR NON-PARENT TO CONSENT

I am the legal guardian/parent of:

_____ _____

Child's Name **Date of Birth**

_____ _____

Child's Name **Date of Birth**

_____ _____

Child's Name **Date of Birth**

I authorize the following listed to consent for care of the above child(ren):

_____ _____

Name **Relation**

_____ _____

Name **Relation**

_____ _____

Name **Relation**

I am authorizing the above name person(s) to consent care for:

___ Medical Care ___ Labs

___ Prescriptions ___ Vaccinations

This authorization will remain in force until revoked in writing by me.

_____ _____ _____

Parent/Legal Guardian Name **Signature** **Date Signed**