

Instructions for Consent to Medical Treatment by a Non-Parent

At the end of line #1, **print** the full name of the child. Only one child's name can go on the form. Use a separate form for each child.

In area #2, mark whichever space describes your relationship to the child. Use a check mark or an "x". If written authorization is available, attach a copy to the form.

For lines #3 and #4, **print** the full name of the child's father and the full name of the child's mother.

In line #5, if a *court* has appointed someone to be managing conservator of the child or guardian, **print** the full name of that person. If no person has been court-appointed managing conservator or guardian, **print** "None" on the line.

In area #6, **print** details about the treatment that you will consent to for the child to receive. If more space is needed, you can attach an additional sheet.

In line #7, **print** the date that the treatment, for which you are consenting, is to begin.

In line #8, **print** your full name. In line #9, *sign* your name. In line #10, **print** the date when you sign the form.

The health care provider, who will carry out the treatment you have consented to by the use of this form, will want either the original or a copy of the form. Make sure that you keep a copy of the form in a safe place.

Texas Kincare Taskforce
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Consent to Medical Treatment by a Non-Parent

Texas Kincare Taskforce



This form is used to exercise the authority given in Texas Family Code §32.001, to certain non-parents to make health care decisions for minor children.

