

CONSENT TO MEDICAL TREATMENT BY A NON-PARENT

1. I consent to treatment of the child whose name and date of birth is:

2. I am: (Mark one space only)

- the child's grandparent
- the child's adult brother or sister
- the child's adult aunt or uncle
- an adult who has the actual care, control, and possession of the child and I have written authorization to consent to the treatment from another person who has the right to consent.

3. The name of the child's father is: _____

4. The name of the child's mother is: _____

5. If the child has a managing conservator or legal guardian, the name of the managing conservator or legal guardian is (leave space blank if the child does not have either of these):

6. The nature of the treatment to be given is: _____

7. The date the treatment is to begin is: _____

8. My printed name is: _____

9. My signature: _____

10. Today's date is: _____