

**Flower Mound Family Health Center
2261 Olympia Drive Suite 100
Flower Mound, Texas 75028
Tel: (972) 691-8585
Fax: (972) 691-8686**

Treatment Authorization for Minors

We recognize that parents may not always be able to be present during treatment of their young child or teen. This form addresses the situation when your child is alone or accompanied by another adult.

I, (parent/guardian) _____

Authorize my child _____

Date of birth ____ / ____ / ____

May be treated: (circle one) unaccompanied or accompanied by:

- _____ (must have Picture ID at visit)
- _____ (must have Picture ID at visit)
- _____ (must have Picture ID at visit)

This authorization is valid for one year unless you notify us otherwise

Parent Signature

____ / ____ / ____
Today's date