

TEXAS A&M UNIVERSITY-KINGSVILLE
STUDENT HEALTH AND WELLNESS • HEALTH CARE CLINIC
1210 NORTH RETAMA STREET • KINGSVILLE, TEXAS 78363
Voice 361.593.2904 • FAX 361.593.2903

PARENTAL MEDICAL CONSENT FORM FOR A MINOR CHILD

NOTICE TO PARENT OR GUARDIAN:

Occasionally, there is a need for immediate medical attention due to sudden illness or accident. As you may know, hospitals will not administer medical care to anyone under the age of 18 unless they have parental or guardian consent. Should any emergency or need for medical or psychological attention or testing arise (Clinic, Dentist, X-Ray), the hospital or clinic must have your consent. Therefore, to assure proper care for your son or daughter, please sign and date below to give your permission to treat your minor child. The Health Care Clinic must be notified of any prescription medications currently taken by the minor. It is imperative that all instructions for prescribed medications and treatments be followed by the patient to ensure the best outcome.

PRINT PATIENT'S NAME

SIGNATURE OF PARENT OR GUARDIAN

DATE SIGNED

