



(Patient Label)

Special Minor Consent Form

I, [name of minor] _____, am currently [number of years] ___ years of age. My date of birth is _____.

I, [name of minor] _____, give consent for my own medical treatment.

The nature of the medical treatment to be given to me is as follows:

- Medical: _____
- Dental: _____
- Psychological: _____

The treatment is to begin on [start date for treatment]: _____

I have legal authority to consent to the treatment described above under Tex. Fam. Code § 32.003 because I (check one or more):

- am on active duty with the armed forces of the United States of America
- am 16 years of age or older and reside separate and apart from my parents, managing conservator, or guardian, and manage my own financial affairs.
- consent to the diagnosis and treatment of an infectious, contagious, or communicable disease as required by law or rule to be reported by the licensed physician or dentist to a local health officer or the Texas Department of State Health Services
- am unmarried and pregnant and consent to hospital, medical, or surgical treatment, other than abortion, related to the pregnancy.
- am consenting to examination and treatment for drug or chemical addiction, drug or chemical dependency, or any other condition related to drug or chemical use.
- am unmarried, am the parent of a child, have actual custody of my child, and consents to medical, dental, psychological, or surgical treatment for the child.

I hereby give my consent to LBU Community Clinic and Its Medical Staff, Employees, and Agents to examine, administer tests, prescribe therapy, administer treatments, or perform other procedures that are deemed necessary and advisable. I certify that I have read and fully understand the above consent; that the facts indicated above are true; and that all blanks or statements requiring insertion or completion were filled in before I signed.

Minor Name (Printed)	Minor Signature	Date of Consent
Witness Name (Printed) - If applicable	Date	Time
Chart #		a.m. p.m.

INSTRUCTIONS: If any of the above exceptions apply, the parent or guardian cannot be contacted and actual notice to the contrary has not been given, the following is to be completed:

Father (Name)	Mother (Name)	Legal Guardian (Name)
Witness Name (if applicable)	Witness Signature	Relationship to Patient

In case of an emergency, please indicate who can be contacted:

Name	Relationship to Patient	Phone
Address		

WHO MAY CONSENT: (1) grandparents; (2) adult brother or sister; (3) adult uncle or aunt; (4) an educational institution in which the minor is enrolled that has received written authorization to consent from the person having the power to consent as otherwise provided by law; (5) any adult who has care and control of the minor and has written authorization to consent from the person having the power to consent as otherwise provided by law; or (6) any court having jurisdiction of the child.