

CONSENT BY MINOR TO MEDICAL, DENTAL, PSYCHOLOGICAL, OR SURGICAL CARE

This consent form constitutes a written statement under Section 32.003(f) of the Texas Family Code. A physician, dentist, psychologist, hospital, or medical facility may rely on the written statement of the child containing the grounds on which the child has capacity to consent to the child's medical treatment. The consent by a child to medical, dental, psychological, and surgical treatment is not subject to disaffirmance because of the child's minority. Tex. Fam. Code § 32.003(b).

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

My father's name (if known) is _____. My mother's name (if known) is _____. IF APPLICABLE: The name of my managing conservator or legal guardian 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: _____ Psychological: _____
 Dental: _____ Surgical: _____

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 and including all diseases within the scope of Tex. Health & Safety Code Ann. § 81.041
- 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 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

Under Chapter 33 of the Texas Family Code, an unemancipated minor cannot consent to an abortion.

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I, [name of minor] Jane Doe, am currently [number of years] 16 years of age. My date of birth is 01/01/2003.

My father's name (if known) is David Doe. My mother's name (if known) is Donna Doe. IF APPLICABLE: The name of my managing conservator or legal guardian is none.

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

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

Medical: physical and x-ray Psychological: _____
 Dental: _____ Surgical: _____

The treatment is to begin on [start date for treatment]: 12/15/2019

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 and including all diseases within the scope of Tex. Health & Safety Code Ann. § 81.041
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- 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 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.

Jane Doe

Jane Doe

12/15/2019

Minor Name (Printed)

Minor Signature

Date of Consent

Under Chapter 33 of the Texas Family Code, an unemancipated minor cannot consent to an abortion.