

TEXAS REGIONAL ASTHMA AND ALLERGY CENTER, L.L.P.

Board Certified specialists in allergy, asthma, immunology, and respiratory disorders

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CONSENT TO TREAT MINOR

I hereby authorize Texas Regional Asthma & Allergy Center, L.L.P. to provide medical care to the patient below without a legal guardian present. Medical care may include a physical examination, certain diagnostic tests, allergy injections, medications by prescriptions, oral or injection.

Patient's Name: _____ DOB: _____

Parent/Legal Guardian's Name (print): _____

Parent/Legal Guardian's Signature: _____

Witness: _____ Date: _____

VERBAL CONSENT TO TREAT MINOR

I _____ (Staff of TRAAC) spoke with _____

Legal Guardian for _____ over the phone and was given a verbal consent to treat.

Signature (Staff of TRAAC)

Date