

TRICIA J. BROWN, M.D.

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Consent for Medical Treatment of a Minor

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. In addition, if the minor arrives with someone other than a parent or legal guardian, we must have written permission that this person has been appointed by you to act on your behalf. Please be advised that protected patient health information may be shared with the proxy to whom the right to consent has been delegated in order to facilitate informed decision making.

Minor's Full Name: _____

Minor's Date of Birth: _____

____ I authorize the health care professionals of Tricia Brown, MD to provide medical care to my son/daughter without an accompanying adult present. This includes, but is not limited to, diagnostic examinations (including radiological and laboratory testing) and necessary medical treatment (including minor surgical procedures).

____ I authorize _____
(print name of designated adult and relationship to minor) to accompany my child and to make the appropriate medical decisions necessary as my proxy.

Please select only one of the following options:

____ This authorization is valid and remains in effect until I revoke it in writing.

____ This authorization is valid from _____ until _____.

____ This authorization is valid for this date only: _____

By signing this, I acknowledge that I have read, understand and give my consent as stipulated above.

Parent or Legal Guardian

Date

Emergency Phone