



## Policy on Treating Minors

This policy is based on § 32.001 Consent to Treatment of Child by Non-parent from the Family Code under The Texas Constitution and Statutes.

### Policy:

Trinity Health and Family Practice may treat a minor if a signed **Parental Preauthorization To Treat a Minor** is on file.

### Procedure:

1. Minor patients must have consent to treat on file if not accompanied by a parent or a legal guardian. **Parental Preauthorization To Treat a Minor Form** must be completed by a parent/legal guardian who has the right to consent identifying the people who can accompany the minor and indicating the relationship.
2. If a parent/legal guardian failed to complete **Parental Preauthorization To Treat a Minor Form**, the parent/legal guardian must fax a letter authorizing treatment with a copy of a state - issued ID.
3. It is our office policy not to perform invasive procedures and treatments, without a parent/legal guardian physically present during the visit. The physician is the only authorized person who can override this policy on a case by case basis.



**Parental Preauthorization To Treat A Minor**

I, \_\_\_\_\_ give the following person(s)  
Parent/Legal Guardian  
consent to accompany my child/children for medical evaluation and treatment at  
**Trinity Health and Family Practice:**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Guardian:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

I understand that my signed consent is required to allow treatment of my child/children without personally being present and give permission to the above person/persons to consent to any and all medical treatment. **This authorization expires one year from the date below.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date