



**Delegation of Consent**

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date of Birth

I, \_\_\_\_\_, hereby authorize the following individuals  
(parents name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to child)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to child)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to child)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to child)

to consent to any and all medical care and attention for this child which is deemed necessary and appropriate by a healthcare provider licensed in the state of Texas. This consent includes, but is not limited to, medical and surgical intervention and elective as well as emergency care. This delegation shall be valid until I withdraw delegation of consent.

In case of emergency, I can be reached at: \_\_\_\_\_  
(Contact Number)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date