West Plano Pediatrics, P.A.

6020 W. Parker Road, Suite 310
Plano, Texas 75093
972-608-0774

Authorization for Treatment

I consent to and authorize West Plano Pediatrics physicians, medical assistants, and other healthcare providers to perform appropriate healthcare examinations, diagnostic testing or medication administration as deemed medically necessary.

In addition to the legal guardians of the patient, the following persons are authorized to act on my/our behalf authorizing medical care for my child in my absence (e.g., grandparents, babysitter, siblings over the age of 18 years, etc.).

Name of Minor(s)	DOB	Allergies/Special Conditions

I/We, being the parent(s) or legal guardian(s) of the above minor(s), do hereby appoint:

Name	Phone #

To act on my/our behalf in authorizing unexpected medical care for the above-named minor(s).

Signature of Parent / Guardian

Date