



Mid-Cities Family Care

3024 State Hwy. 121
Bedford TX. 76021
(P) 817-494-5000 (F) 817-494-5001

CONSENT TO TREAT A MINOR

Minor's Name: _____

Minor's Home Address: _____

Minor's Home Phone: _____

Parent/Legal Guardian's Name: _____

Relationship to Patient: _____

Parent/Legal Guardian's Address: _____

Parent/Legal Guardian's Contact Number During Appointment Time: _____

Please check each box that applies:

Routine Care: Comment: _____

Immunizations: Comment: _____

Acute Care: Comment: _____

Emergency Care: Comment: _____

Name of Adult with Child Today: _____ Relationship: _____

I hereby authorize the medical providers of Mid Cities Family Care to provide medical treatment to the minor specified above for today's visit. I do hereby indemnify and hold harmless the physicians and other persons who act in reliance upon this authorization.

Parent/Guardian Signature

Date