



San Antonio A thru Z Pediatrics, P.A.
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PARENT/GUARDIAN CONSENT FOR TREATMENT OF MINOR

Minor Accompanied by Another Adult

I, _____, parent or legal guardian of
_____, born on _____, do hereby consent to any medical
care and treatment determined by a physician or nurse practitioner of San Antonio A thru Z Pediatrics, P.A. to be necessary
for the welfare of my child while said child is under the care of _____.

This authorization will remain in effect until revoked by the parent or legal guardian.

Unaccompanied Minor

I, _____, parent or legal guardian of
_____, born on _____, do hereby consent to any medical
care and treatment determined by a physician or nurse practitioner of San Antonio A thru Z Pediatrics, P.A. to be necessary
for the welfare of my child while said child arrives unaccompanied.

This authorization will remain in effect until revoked by the parent or legal guardian.

Signature

Date