

# Comprehensive Women's Healthcare, P.A.

1054 Texan Trail, Suite 100  
Grapevine, Texas 76051  
Phone: 817-424-3112  
Fax: 817-439-6839  
www.grapevineob.com

---

*Alan E. Cowen, M.D., F.A.C.O.G. \* Kerry D. Neal, M.D., F.A.C.O.G. \* Barbara Buckley, N.P., W.H.C.- B.C.*

## PARENTAL CONSENT OF A MINOR In compliance with the Texas Family Code

In the State of Texas, a minor is anyone under the age of 18 years, who is not and has not ever been married, or who has not been emancipated for general purposes by a court of law.

Please complete this form to detail your wishes regarding treatment of your child without *your* presence. Please mail or fax this form to us PRIOR to the appointment(s) in question or send it with the patient.

**\*\*Please be aware that treatment for Concussion, Mental Health and/or Oral Contraception related appointments require a parent or guardian be present regardless of if consent is signed.\*\***

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Known chronic medical conditions: \_\_\_\_\_

Parent or Guardian's name(s): \_\_\_\_\_

Parent or Guardian's phone number(s) & address(es): \_\_\_\_\_

### Check one:

- I wish to decline consent for **unsupervised** treatment. Please list the names and phone numbers of any other person(s) who can bring your child in for treatment:

\_\_\_\_\_  
\_\_\_\_\_

- I consent to my child being given treatment without a guardian or other authorized adult present.

During the course of treatment, additional services may be necessary. Please check those services that you give consent to be performed:

- X-rays
- Laboratory Services (*urine screening, bloodwork, etc.*)
- Immunizations (*additional signature may be needed*)
- Injections
- In-Office Surgical Procedures (*casting, removals, biopsies, cultures, etc.*)
- Physical Medicine (*PT, diagnostic testing, rehabilitation*)
- Neurotherapy/Biofeedback/Counseling
- QEEG/IVA

I wish for this consent to be in effect from \_\_\_\_\_ to \_\_\_\_\_. (If no dates are listed, this consent will automatically expire once the minor turns 18 or is emancipated.)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date signed

Driver's License Number: \_\_\_\_\_ (Please verify we have a copy of your license on file, as this form will not be valid without the DL on file in our system. You may include a copy of your license with this form if you are unsure as to whether or not it has been presented to us previously.)