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### Authorization for Non-Parent Consent to Care

I am the legal guardian/parent of:

\_\_\_\_\_

Patient's Name

\_\_\_\_\_

Date of Birth

I authorize the following persons to seek medical care for the above listed child(ren):

Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

This authorization will remain in force until revoked in writing by me. I hereby attest that I have the legal authority to delegate my authority to consent for care, and that no legal agreement prevents me from delegating authority.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name