



Consent to Treat

Medical/Surgical Consent: I, the undersigned, consent to and authorize any examination, medical treatment, and/or services rendered by Young Kids Pediatrics P.A., John G. Young M.D., or any of his associates to the child(ren) listed below which in the judgment of such practitioners are advisable during the course of diagnosis and treatment. It is understood that the practice of medicine is not an exact science, and no guarantee can be given as to the results attained from any diagnosis or treatment.

Accidental Exposure of the Healthcare Worker: I understand that Texas law provides that if any healthcare worker is exposed to a patient’s blood or other body fluid, tests on the patient’s blood or other body fluid may be performed by Young Kids Pediatrics P.A. to determine the presence of Human Immunodeficiency Virus (the causative agent of AIDS). I also give my consent for the testing of other communicable diseases, including but not limited to Hepatitis and Syphilis, in the event of an accidental exposure to a healthcare worker. I understand that such testing is necessary to protect those who will be caring for the patient.

Non-Parental Consent to Medical/Surgical Care and Treatment: I, the undersigned, as the parent or legal guardian of the child(ren) listed below do hereby give my authorization and consent for the authorized person(s) listed below to consent to the medical/surgical care and treatment of said child(ren). I hereby authorize and grant the below named person(s) permission to sign for any medical/surgical procedures or treatments deemed necessary for the wellbeing of the child(ren).

I, the undersigned, certify that I am the parent or legally authorized representative of the child(ren) listed below. I have read and accept this authorization form, and by this document, am representing that I have the authority to consent for all medical/surgical care and treatment of said child(ren):

Signature	Relationship to patient	Date
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Child(ren):

Name	Name
Name	Name

Authorized Persons:

Name	Relationship to patient
Name	Relationship to patient
Name	Relationship to patient
Name	Relationship to patient