Hill Country Medical Associates 774 Landa Street New Braunfels, TX 78130 (830) 625-0305

Consent for Treatment of Minor*

I hereby consent for my son/daughter, Print F	, date of
birth/, to be seen and treated by	
on/ I can be contacted at <u>(</u>)	
Print First and Last Name	Relationship to Minor
Signature	Date
☐ Verified via Driver's License/Social Security Numb Please provide a copy of parent/guardian Driver's Lice	er
Consent provided via phone conversation	nse with form it not presented in person
Signature of Staff Member Verifying Consent	
Print Name of Staff Member	

^{*} Consent for Treatment of Minors (children under 18 years of age) is required by Section 32 of the Texas Family Code.