



**Mayfield**  
1915 E. Mayfield Rd., Ste. 115  
Arlington, TX 76014  
682-276-6700

**Ballpark**  
1900 Ballpark Way, Ste. 106  
Arlington, TX 76006  
817-704-7339

**PARENT DESIGNATION TO CONSENT FOR HEALTHCARE**

**Other contact information:** People you authorize the clinic staff to:

- 1) Contact in case of an emergency.
- 2) Receive and release information regarding your child's medical care.
- 3) Bring your child for doctor's appointment and consent for medical treatment (Must bring photo ID).

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ **Relationship to Patient:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_