

Authorization for Medical Treatment for Minors
The University of Texas at Arlington
Health Services

Name of Minor

I (we) _____ and _____ of _____

City State Zip Phone Number

do hereby state that I am (we are) the parent(s) and/or legal guardian(s) having legal custody of the above-named minor age _____, date of birth _____, who resides with me (us) at the above address.

I (we) authorize the University of Texas at Arlington Health Services providers to examine, treat, and refer to an appropriate physician or health facility the above-named minor, when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful.

In the event Health Services is closed, or the nature of the illness is beyond the scope of that available at the clinic, I (we) authorize the above-named minor to be treated by a provider at Arlington Memorial Hospital, Medical Center of Arlington, Arlington Minor Emergency Clinic, or any minor emergency / family clinic.

Insurance Company _____

Group Number _____ Policy Number _____

Please be aware that information concerning treatment received at UTA Health Services by the above-named minor is considered confidential and will be released only in accordance with HIPAA regulations.

I/we also agree to hold the Welch Summer Scholar Program, the Department of Chemistry and Biochemistry, and the University of Texas at Arlington and its employees harmless from all liability resulting from any accidents or illness to the above-named minor. I verify that all information on this form is complete and accurate and I have read and understand all information contained herein.

Signature of father or guardian Date

Signature of mother Date

Child's doctor: _____

Emergency Contact (other than parents):

Doctor's Phone Number: _____

Name: _____

Parent's Phone: Daytime #: _____

Daytime #: _____

Evening #: _____

Evening #: _____

Cell #: _____

Relationship: _____

Medication child is taking: (attach separate page if necessary)

Allergies: drug or other (attach separate page if necessary)

