

Stephanie Herrera, M.D.
Thomas Lunsford, M.D.
Regena Bass, M.S., CCC-A/SLP
Sarah Bennett, Au.D., CCC-A

Authorization to Treat a Minor Patient

In the event that a parent or legal guardian is unable to accompany the child to an appointment, you may use this form to give another adult permission to bring your child to their visit(s). If this is to give a step-parent permission, both parents (with legal custody) need to sign and provide authorization.

I/We _____ and _____, the parent(s) and legal
(name of parent/guardian) (name of parent/guardian)
guardian(s) of _____, hereby authorize _____
(name of child) (name of adult accompanying child to office)

to accompany my/our above named child to office visits with Stephanie Herrera, M.D. and/or Thomas Lunsford, M.D., and to consent to the examination and/or treatment of my child during the visit.

This authorization:

- is effective only on _____
- is effective from _____ to _____
- is effective until revoked by me/us in writing.

I/We reserve the right to revoke this authorization at any time by writing to Stephanie Herrera, M.D. and Thomas Lunsford, M.D. at 215 Oak Drive, Ste. F, Lake Jackson, TX 77566.

I understand that my child (under 18 years of age) cannot attend his/her appointment without the accompaniment of an authorized adult.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date