*Effective Date:*_____

*Expires:*_____
(Three months after the effective date)

SHAYONA ENT
H N S S D A
CLINIC, LTD.

JAY CHAVDA, M.D
ASAYA PISESNAKORNKIT, P.A.-C
JOANNE FANNING, P.A.-C
MEMORIAL HERMANN SOUTHWEST HOSPITAL
PROFESSIONAL BUILDING - TWO
7737 SOUTHWEST FRWY., SUITE 300 HOUSTON, TX 77074-1824 USA
P H O N E : (713) 774-2090 •• F A X : (713) 774-2096

AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent, parents or legal guardian of_____ a minor, do hereby grant authority to the following individual(s) to give informed medical consent including, but not limited to, arranging for and/or authorizing consultation, evaluation, treatment, including medication and/or vaccine administration, for the above named minor child.

Name: _____ Date of Birth: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Date of Birth: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

It is understood that the authorization is given in advance to provide authority and power to render care which the aforementioned physician and physician assistants in the exercise of their best judgment may deem advisable. This letter of Authorization will not be honored in a situation where a surgery or procedure is performed out of the clinic.

Patient Name: _____ Date of Birth: _____

List any restrictions: _____

Allergies to Drugs or Foods: _____

Any Special Medications or Pertinent Information: _____

_____

Printed name of Father, Mother or Legal Guardian:_____

Signature of Father, Mother or Legal Guardian: _____Date:_____

Address: _____ City:_____

State:_____ Zip: _____Date of Birth:_____ Social Security Number: _____

Telephones Where Parents May Be Reached:

Please circle one:
Mother/ Father/ Legal Guardian (Please print name):_____

Home: _____ Work or cell: _____ Ext._____

Please circle one:
Mother/ Father/ Legal Guardian (Please print name):_____

Home: _____ Work or Cell: _____ Ext._____

Reviewed and received by: _____ Ron C. _____Lorena L. _____Joyce T. _____ Zendi G. _____Elisa V.

** REMEMBER TO ATTACH A COPY OF THE PHOTO IDENTIFICATION CARD FOR ALL INDIVIDUALS MENTIONED IN THIS AUTHORIZATION. **