

TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 N. LAMAR BLVD • BOX 4087 • AUSTIN, TEXAS 78773-0001

512/424-2000

www.txdps.state.tx.us



THOMAS A. DAVIS, JR.
DIRECTOR

DAVID McEATHRON
ASST. DIRECTOR



COMMISSION
ERNEST ANGELO, JR.
CHAIRMAN

ALLAN B. POLUNSKY
ELIZABETH ANDERSON
COMMISSIONERS

If you have children, you should know that the Texas Family Code allows only certain people to consent to medical treatment for your children in your absence. These are:

1. A grandparent of the child.
2. An adult brother or sister of the child.
3. An Adult aunt or uncle of the child.
4. An educational institution in which the child is enrolled, which has written authorization to consent to treatment from a person having the right to consent.
5. Any adult who has actual care, custody, and control of the child and who has written authorization to consent to treatment form a person having the right to consent.
6. Any court having custody of the child.
7. Any adult responsible for the care and control of a minor under the jurisdiction of a juvenile court or committed by a juvenile court to the care of an agency of the state or county, if the adult has responsible grounds to believe that the minor is in need of immediate medical treatment.

Item number 5 refers to an instructor of an approved motorcycle operator training course which must have written authorization to have your child treated in an emergency. The format for "Consent for Medical Treatment of a Minor" supplied here is taken from the Texas Family Code and should be considered adequate authorization by medical personnel.

If you desire, you may fill this out and leave it with the instructors before your child participates in the motorcycle safety course. It will save time should medical treatment be needed.

I, _____, am the parent or legal guardian of the minor child, _____, and I hereby authorize representatives of _____ to consent to whatever medical treatment is deemed necessary while said minor is in their care, in accordance with Section 32.001 and 32.002 of the Texas Family Code.

Parent/Guardian Signature

Date

Witness Signature

Date