



EL SHADDAI FAMILY CLINIC

1505 Harroun Ave, Ste C, McKinney TX 75069

Phone: 469 252 0101 Fax: 469 547 0789

Permission to Treat a Minor in the Absence of a Parent/Guardian

I _____ father /mother / legal guardian of
_____ authorize the office of El Shaddai Family Clinic to
provide treatment and/or services to my child _____ DOB: _____
in my absence.

Will your child be accompanied by anyone? Yes No
If so, provide their name _____ DL number _____

I understand that health information will be relayed to and from my child and the person mentioned above
on my behalf.

Signature of Parent/Guardian

Date

Phone number

****Please note that this form is valid until the minor turns 18****