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Medical Clinic Consent Form for Minor General Treatment
Consent Given by Non-Parent or Non-Custodial Parent

Patient Information

Patient's Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

I, _____, consent to the treatment of the above-named minor and authorize medical and/or surgical treatment for the patient at Kinex Podiatry, by the healthcare providers associated with this clinic.

I, _____, am (mark one space only):

_____ the minor's grandparent

_____ the minor's adult brother or sister

_____ the minor's adult aunt or uncle

_____ the minor's non-custodial parent

_____ a non-parent adult who has the actual care, control and possession of the child determined by a court of law **and** I have written authorization to consent to the treatment, from another person who has the *right to consent*.

The name of the minor's father is: _____ and they can be contacted at: _____

The name of the minor's mother is: _____ and they can be contacted at: _____

If the minor has a managing conservator or legal guardian, the name of the managing conservator or legal guardian is: _____

The nature of the treatment to be given is (describe the treatment that you are consenting for the minor to have):

The date the treatment is to begin is: _____

My printed name: _____ Today's date: _____

My signature: _____ My phone number: _____

(Note: This form should be signed and dated by the non-parent or non-custodial parent consenting on behalf of the minor and kept in the patient's medical records for future reference. If required by state law, a witness may be necessary for the signature.)