



MAYFIELD

1915 E. Mayfield Rd., Ste. 115
Arlington, TX 76014
Tel: (682)276-6700

PIONEER

929 W. Pioneer Pkwy, Ste. A
Grand Prairie, TX 75051
Tel: (972)641-3363

BALLPARK

1900 Ballparkway, Ste. 106
Arlington, TX 76006
Tel:(817)704-7339

Parent Designation to Consent for Healthcare

I hereby state that I am/we are the parent(s) of the child named below. I agree that no court orders are in effect that would prohibit the exercise of power that I / we now seek to authorize. This form must be submitted with Parent or Legal Guardian picture ID.

I, _____ (parent/legal guardian), cannot accompany my child,
_____ (child's name and DOB), to Rainbow Children's Clinic.

Therefore, I designate _____ ("designee") to give consent for health services for the child named above.

This designation shall be valid from _____ until _____ (maximum of six months).

As to the above name child, the designee is authorized to:

- _____ Consent to receive immunizations
- _____ Consent to receive general health care, including examination and treatment
- _____ Consent to receive developmental screening
- _____ Consent to receive mental health examination and/or treatment

Parents Signature

Date

Parent's Name (please print)

Telephone Number

Parent's Address