

# RAINBOW



**Mayfield**

1915 E. Mayfield Rd., Ste. 115  
Arlington, TX 76014  
682-276-6700

**Ballpark**

1900 Ballpark Way, Ste. 106  
Arlington, TX 76006  
817-704-7339

## PARENT DESIGNATION TO CONSENT FOR HEALTHCARE

**Other Contact Information: People you authorize for the clinic staff to: 1) Contact in case of an emergency. 2) Receive and release information regarding your child's medical care. 3) Bring your child for doctor's appointment and consent for medical treatment. (MUST BRING PHOTO ID)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

D. O. B.: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_