



7692 Eldorado Parkway  
McKinney, Texas 75070  
972.562.8388 (Phone)  
972.540.2219 (Fax)

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

I, \_\_\_\_\_ hereby give permission for my  
Minor child \_\_\_\_\_ Date of Birth \_\_\_\_\_,  
to be treated at McKinney Family Medicine.

This will remain in effect unless revoked in writing by a Parent/Guardian.

Signature of Parent/Guardian

\_\_\_\_\_

Date \_\_\_\_\_