BLUE FISH
PEDIATRICS
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AUTHORIZATION AND CONSENT OF PARENT(S) AND/OR PHYSICAL/LEGAL GUARDIAN(S)

I, _____, hereby declare that I have physical and/or legal custody of the below named child(ren).

I hereby grant my full permission for my child to reside and travel with said temporary guardian.

I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

I hereby grant the temporary guardian my full authorization to consent to any and all treatments recommended by the physician, including vaccines, at the time of the visit.

This authorization is effective commencing on the _____ day of _____, 20____ and expiring on the _____ day of _____, 20_____. (Without expiration if left blank)

Under penalty of perjury under the laws of the state of Texas, I attest to the truthfulness, accuracy, and validity of the above statement.

CHILD(REN)'S INFORMATION

[illegible] **[illegible]** **Date of Birth:**

_____ _____

[illegible] _____

[illegible] _____

[illegible] _____

TEMPORARY GUARDIAN INFORMATION

TEMPORARY GUARDIAN 1:

Full Name: _____

Relationship to Patient: _____

Address: _____

_____

Cell Phone: _____

Home Phone: _____

Email: _____

TEMPORARY GUARDIAN 2:

Full Name: _____

Relationship to Patient: _____

Address: _____

_____

Cell Phone: _____

Home Phone: _____

Email: _____

Parent Signature: _____

Date: _____