



ENT for Children, P.A.

Ear, Nose & Throat Surgeons

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Minor Child Policy

**This form does not apply to new patient visits and pre operative visits.
The PARENT or court appointed legal guardian must be present on these types of appointments.**

Dear Parents or Legal Guardians:

We are prohibited by Texas law from seeing a minor without the parent, court appointed legal guardian or designated representative present. Proof of identity in the form of a valid photo ID or passport must be presented at the time of your child's appointment. Please bring the appropriate identification with you when you come to your child's appointment.

During new appointments and pre operative visits, the parent or court appointed legal guardian MUST be present.

For other types of appointments, the parent, court appointed legal guardian or designated representative may bring the child. If you are sending your child to the appointment with someone other than the parent or court appointed legal guardian you will need to fill the lower authorization portion of this notification, sign it and have it brought to the appointment by your designated representative. Your designated representative also must sign the form, and at the time of the visit, must present a photo ID or passport for identification.

I, _____, parent or court appointed legal guardian
of _____, a minor child, grant

permission to _____, my designated representative, to bring my child to ENT for Children, P.A., for care; to sign necessary paperwork to facilitate care; to provide consent for treatment including office procedures; and to sign the financial responsibility documents assuring payment of any fees for which I am responsible. This consent will not apply to surgeries or procedures outside of the office. I warrant that any balance due will be paid by my representative at the time of service.

This authorization shall not be valid for more than one year. If a parent wishes to have the authorization terminate earlier, please indicate date: _____ (MM/DD/YYYY)

Signature of Parent or Legal Guardian

Date

Signature of Designated Representative

Date

Printed Name of Designated Representative: _____

Specify relationship to the individual: ☐ Stepparent. ☐ Grandparent. ☐ Other _____