

**ALLERGY, EAR, NOSE & THROAT CLINIC OF NE TEXAS**

Thomas V. Ripp, M.D.    Camille A. Graham, M.D.    Neil M. Vora, M.D.    Wha-Joon Lee, M.D.

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**CONSENT FOR TREATMENT OF MINOR CHILDREN**  
ACCOMPANIED BY AN ADULT OTHER THAN PARENT OR LEGAL GUARDIAN

I, \_\_\_\_\_, authorize Allergy Ear, Nose & Throat Clinic  
(parent or legal guardian)

to treat \_\_\_\_\_  
(child's name and DOB)

for routine and emergency medical treatment when necessary by qualified medical personnel when  
accompanied by: \_\_\_\_\_

This authorization is valid for:

- Today's visit only
- From \_\_\_\_\_ (date) to \_\_\_\_\_ (date)
- Until revoked in writing by me

This consent will be valid for (1) year from the date signed unless otherwise specified in writing.

\_\_\_\_\_  
Printed name of parent/legal guardian

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date