

Humble Christian School

16202 Old Humble Road
Humble, TX 77396
(281) 441-1313

AUTHORIZATION FOR MEDICAL TREATMENT

This is a legal consent and MUST be signed in front of a Notary Public. Properly completing this form creates a legal document, in which you, as the parent or guardian of your minor child named in this document, authorize Humble Christian School to consent for medical treatment for the minor in your behalf. This consent form meets the legal requirements set forth in Texas State Law under Texas Family Code, Chapter 35.

I _____, a parent or legal guardian of

_____ do hereby authorize the Administrator of Humble Christian School or his designate, to consent for any and all medical treatment when deemed necessary by the school in behalf of the minor named herein, while the minor is in the custody of the school.

Signature of parent/legal guardian

ANY KNOWN ALLERGIES: _____

Pertinent Information for doctor to know: _____

State of Texas, County of _____

Before me, the undersigned authority, on this day personally appeared _____, knowing to me to be the person whose name is subscribed above, and acknowledged to me that they executed the same for the purpose therein expressed.

Sworn and subscribed before me on this _____ day of _____, 20_____.

Notary Public in and for

_____ County, Texas