



Murray B. Fershtman, M.D.

Consent to Treat

General Consent to Treat:

Patient(s) Name:

I hereby authorize (when I am unavailable to give consent) the following individual(s): _____

Whose relationship to this child is

to consent to any and all medical care and attention for this child which is deemed necessary and appropriate by a healthcare provider licensed in the State of Texas. This consent includes, but is not limited to, medical and surgical intervention, and elective as well as emergency care. This delegation shall be valid until I withdraw delegation of consent.

I understand that my child will NOT be seen at Forest Pediatrics if accompanied by someone that is not listed on this consent form.

Parent/Guardian Printed Name: _____

Relationship to patient: _____

Parent/Guardian Signature: _____

Date: _____