

Rocky Creek Family Medicine

Deirdre McMullen M.D. Toni White M.D. Hillary Spears FNP

3281 Rocky Creek Drive, Ste 500 Missouri City, TX 77459

Phone: 281-206-0068 Fax: 281-499-5045

Consent for Treatment of Minor With or Without Adult Present

I, _____, give Dr. McMullen, Dr. White or Hillary
(Parent/Guardian-please print name) Spears, FNP permission to treat my minor child,

(Patient name – please print)

(Date of Birth)

- without my presence or presence of an adult.
- with an adult of whom I give permission.

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

I understand that this letter can be revoked at any time. If there should be a
medical emergency, I can be reached at (_____) _____.

Parent/Guardian Signature

Date