

FORT BEND COUNTY JUVENILE PROBATION DEPARTMENT

**122 Golfview Drive
Richmond, Texas 77469
(281) 633-7400**

CONSENT FOR MEDICAL TREATMENT

AUTHORITY: Texas Family Code, Title 2



I, _____, am the _____ of
(Print Name) *(Parent/Guardian)*

_____, a minor, currently under the care, custody,
(Print Juvenile's Name)

and control of the Fort Bend County Juvenile Detention Center, and have authority to consent to medical treatment for said juvenile. I hereby authorize the Chief Juvenile Probation Officer to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to said minor under the general or special supervision and State of Texas. I further consent to an X-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care, to be rendered to said minor by a dentist duly licensed under the laws of the State of Texas. All these services are to be paid by the family or county represented by the signature below.

Additionally, I authorize the Chief Juvenile Probation Officer, his agents, and employees to administer medication to the above named juvenile as directed and prescribed by a duly licensed physician, surgeon, or dentist.

This authorization shall remain in effect so long as the above named juvenile is in the physical care, custody, and control of the Fort Bend County Juvenile Detention Center.

STATEMENT OF THE NATURE OF THE MEDICAL TREATMENT TO BE GIVEN

DATE TREATMENT WILL BEGIN

Signed: _____
KYLE DOBBS / MARK GULNAC
Chief JPO Asst. Chief JPO

Signed: _____
Parent / Guardian

Address: _____

Accepted by: _____

Phone #: _____