

FORT BEND COUNTY JUVENILE PROBATION DEPARTMENT

CONSENT FOR MEDICAL TREATMENT

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

AUTHORITY: Texas Family Code, Title 2

I, \_\_\_\_\_, am the \_\_\_\_\_ of  
(Print Name) (Parent/Guardian)

\_\_\_\_\_, a minor, currently under the care, custody, 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 the 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: \_\_\_\_\_

Signed: \_\_\_\_\_

Kyle Dobbs, Executive Director / CJPO  
Brad Slater, Assistant Chief JPO  
Kenny Johnson, Director of Detention Services  
Frankie Hill, Assistant Director Detention Services  
Spencer Battle, Assistant Director Detention Services

Parent / Guardian

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accepted by: \_\_\_\_\_

Phone #: \_\_\_\_\_