



Wildflower Pediatrics, PA  
11609 Anderson Mill Road  
Austin, Texas 78750

CONSENT TO TREAT

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

By signing below, I (or my authorized representative) hereby voluntarily consent to outpatient care at Wildflower pediatrics encompassing routine diagnostic procedures, examination, and medical treatment including (but not limited to) routine laboratory work (such as blood, urine, and other studies), and administration of medications prescribed by the physicians. I also give consent to treatment from nurse practitioner and or physician’s assistant during my visit.

I further consent to the performance of those diagnostic procedures, examinations, and rendering of medical treatment by the medical staff, their assistants including physicians’ assistants or their designees as is necessary in the medical staff’s judgment.

RELEASE OF INFORMATION: (a) I authorize the clinic to release medical information to third party insurance carriers for the purposes of filing insurance claims related to my (his/her) medical care; (b) I further authorize the release of medical information about treatment her to my (his/her) doctor or any designated by me.

In my absence, I authorize Wildflower pediatrics and staff to evaluate and treat \_\_\_\_\_ (patient’s name), a minor child, that in his or her judgment, the physician/NP/PA determines advisable for the child’s well-being.

PLEASE LIST ANYONE (other than mom and dad) YOU GIVE PERMISSION TO BRING YOUR CHILD TO THE OFFICE TO RECEIVE TREATMENT:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

Note: If any special parental or custodial relationship exists (such as if the child has one parent only or if guardians hold legal custody in the absence of both parents), please explain the situation below, along with your signature, printed name, and a contact phone number.

Parent(s) or Guardian(s) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Special relationship explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Name: (please print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_