



## Consent for Medical Treatment of a Minor

Before your child participates in the motorcycle safety course this form must be signed in front of the instructor or notarized prior to the beginning of the first day of class. It will save time should medical treatment be needed.

Texas Family Code allows only certain people to consent to medical treatment for your children in your absence. These are:

1. A grandparent of the child.
2. An adult brother or sister of the child.
3. An adult aunt or uncle of the child.
4. An educational institution in which the child is enrolled that has received written authorization to consent from a person having the right to consent.
5. An adult who has actual care, control, and possession of the child and who has written authorization to consent from a person having the right to consent.
6. A court having jurisdiction over a suit affecting the parent-child relationship of which the child is the subject.
7. An adult responsible for the care, control, and possession of a child under the jurisdiction of a juvenile court or committed by a juvenile court to the care of an agency of the state or county.
8. A peace officer who has lawfully taken custody of a minor, if the peace officer has reasonable grounds to believe the minor is in need of immediate medical treatment.

Items 4 and 5 refer to an instructor of an approved motorcycle operator training course which must have written authorization to have your child treated in an emergency. The format for "Consent for Medical Treatment of a Minor" supplied here is taken from the Texas Family Code and should be considered adequate authorization by medical personnel.

I, \_\_\_\_\_, am the parent or legal guardian of the minor child,  
 \_\_\_\_\_, and I hereby authorize representatives of Total Rider, LLC to  
 consent to whatever medical treatment is deemed necessary while said minor is in their care, in accordance with  
 Section 32.001 and 32.002 of the Texas Family Code.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date