



*Marcy Henson, MS APRN FNP-C*  
*Kylie Bunner, MS APRN FNP-C*  
*Jennifer Shah, MSN AGNP-C*  
301 N. Preston Rd. #B  
Prosper, TX 75078  
972-347-1320  
972-347-1322 - FAX  
[www.familyfocusedcare.com](http://www.familyfocusedcare.com)

## Permission to Treat a Minor in the Absence of a Parent/Guardian

I, \_\_\_\_\_, have the legal right to authorize the office of  
(Parent or Guardian Name)  
Family Focused Care and/or Health Fusion of Texas to provide medical treatment and/or services to my  
child, \_\_\_\_\_. I understand that medical advice (including but  
(Child's Name & DOB)  
not limited to diagnosis, prescription instructions, & appointments) will be relayed to and from my child  
mentioned above on my behalf.

**Parental contact information for questions regarding treatment of the above mentioned child.**  
***This is not a guarantee I will receive a phone from the office of Family Focused Care and/or Health Fusion of Texas.***

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I understand and agree the signatures and dates on this form will not expire without written notice or in case that a minor becomes the age of 18 and that a photocopy of this form is considered valid as the original.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date