



# Austin Pediatric Surgery

A surgical specialty of Dell Children's Medical Center

Aaron Beckwith, MD  
Y. Julia Chen, MD  
Nilda M. Garcia, MD  
Erich J. Grethel, MD  
Dani O. Gonzalez, MD  
Jeffrey R. Horwitz, MD

Michael D. Josephs, MD  
Tory A. Meyer, MD  
Jessica A. Naiditch, MD  
Ankur R. Rana, MD  
Julie I. Sanchez, MD

## Consent for Treatment in Absence of Legal Guardian

Date: \_\_\_\_\_

I, \_\_\_\_\_, as the legal guardian of patient \_\_\_\_\_,  
(Guardian's Name) (Pt. name)

date of birth \_\_\_\_\_, do hereby give permission to \_\_\_\_\_  
(Responsible Party)

to make any medical/legal decision for evaluation and treatment by the providers of Austin Pediatric Surgery.

This permission/authorization during my absence is only for this specific date of service \_\_\_\_\_.

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

\_\_\_\_\_  
Signature of Responsible Party