

Child's Name \_\_\_\_\_

### Authorization Form for Emergency Medical Treatment

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the CLC director or person in charge to take my child to the following locations for necessary treatment.

**Please mark your child's doctor's information –**

**CLC is not recommending nor endorsing any of the following doctors or hospitals**

\_\_\_\_\_ Humble Pediatrics (Kingwood Location)  
611 Rockmead Drive Kingwood, Texas 77336/281-348-7575

\_\_\_\_\_ Humble Pediatrics (Atascocita Location)  
18350 Timber Forest Drive Humble, Texas 77346/281-441-6900

\_\_\_\_\_ Humble Pediatrics (Fall Creek Location)  
9701 North Sam Houston Pkwy East Humble, Texas 77396/441-6900

\_\_\_\_\_ Texas Children's Pediatrics, Dr. Rodriguez  
20035 W Lake Houston Pkwy #100, Kingwood, TX 77346 281-359-1000

\_\_\_\_\_ Dr. William, Weed & Mann  
2755 West Lake Houston Kingwood, Texas 77339/713-442-2100

\_\_\_\_\_ Dr. Barnhart, Hassel, Chin, Gilley  
20035 West Lake Houston Kingwood, Texas 77339/281-359-1000

\_\_\_\_\_ Memorial Hermann Medical Group (Atascocita Pediatrics) Dr. Bhagwandin, Phillips-Walker  
17903 West Lake Houston Pkwy. Suite 202 Humble, Texas 77346/281-570-1915

**Please mark your hospital of preference –**

\_\_\_\_\_ Kingwood Hospital 22299 Hwy 59 North Kingwood, Texas 77339/281-348-8000

\_\_\_\_\_ Northeast Hospital 18905 Memorial Northeast Humble, Texas 77338/281-540-7700

\_\_\_\_\_ Texas Children's Hospital 18915 Memorial Northeast Humble, Tx 77338/281-540-7700

\_\_\_\_\_ Other \_\_\_\_\_  
(Name, Address, City, Zip and Phone Number)

In the event of an emergency, I understand that the Center will call the nearest physicians/paramedics and have the child taken to an emergency facility.

Any expenses incurred as a result of the above will be the responsibility of the child's family.

I am the person having the power to consent to medical treatment of such minor.

Signature \_\_\_\_\_ Date \_\_\_\_\_