

UT HEALTH WELLNESS 360 at UTSA
CONSENT FOR TREATMENT OF A MINOR WHO DOES NOT HAVE LEGAL POWER TO CONSENT
Information and Consent

Parent/Guardian

William Voelcker
FIRST AND LAST NAME OF MINOR

spd129
MYUTSA ID or Banner ID #

05/30/2007
DATE OF BIRTH OF MINOR

(210)286-6083
HOME PHONE NUMBER OF PARENT/GUARDIAN

n/a
WORK PHONE NUMBER OF PARENT/GUARDIAN

I, the undersigned, as the parent or legal guardian of _____
(a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for treatment of any illness or injury of the minor. The provider, appropriate staff, and The University of Texas at San Antonio and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

SIGNATURE OF PARENT/GUARDIAN

PRINT NAME OF PARENT/GUARDIAN

DATE

Medical Information Related to Minor:

Allergies: none

Current Medications: none

Date of Last Tetanus Booster: 08/14/2019

Pertinent Medical History: none

Clinic Use Only

☐ **Condition was urgent. Parent/guardian consent for treatment was obtained by telephone from:**

Louis Larwin Voelcker
NAME OF PARENT/GUARDIAN

3/30/2025
TIME AND DATE

(210)286-6083
HOME PHONE NUMBER OF PARENT/GUARDIAN

3/30/2025
TIME AND DATE

SIGNATURE OF STUDENT THAT PARENT/GUARDIAN INFORMATION IS CORRECT

3/30/2025
TIME AND DATE