

(Confidential Client Information)

TEXAS WESLEYAN UNIVERSITY COMMUNITY COUNSELING CENTER

3110 E. Rosedale, Fort Worth, TX 76105
Phone: 817-531-4859 / Fax: 817-531-4213

APPOINTMENT OF AGENT/REPRESENTATIVE

I, _____ hereby appoint _____
(Parent(s) (Name of appointee(s))

and/or _____
(Name of additional appointee(s) if applicable) (Relationship to parent(s))

as my agent(s)/representative(s) for the purpose of caring for my child/children listed
thereafter and in the below capacities beginning ____ / ____ / ____.

1. Medical care, recommended by a licensed physician or dentist,
2. Mental health and social services care,
3. School enrollment,
4. Travel in and out of the State

NAME OF CHILD/CHILDREN

DATE OF BIRTH

_____	____ / ____ / ____
_____	____ / ____ / ____
_____	____ / ____ / ____

Print name: _____ Signed: _____

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned Notary Public,

this _____ day of _____, 20 _____.

NOTARY PUBLIC TYPE or PRINT NAME

NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRES

(Stamp or Seal)

(Please fax this document to 817-531-4213)